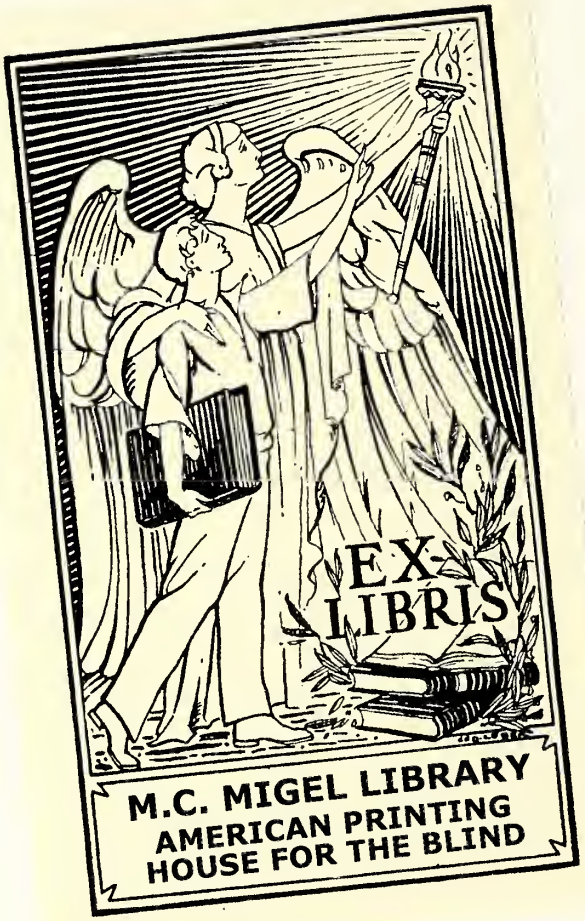
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NEEDS ASSESSMENT:

CALIFORNIA SERVICES FOR PERSONS WITH VISUAL IMPAIRMENTS

Prepared for the

Foundation for the Junior Blind

Los Angeles, California

Robert B. Ralls, M.S.
Executive Director

Bruce Rubenstein, M.S.W.
Research Consultant

August 1, 1987

July 20, 1987

An Open Letter from the Executive Director to:

- *Members of the Foundation Board of Directors*
- *Consumers*
- *Parents and Families of Visually Impaired Individuals*
- *Practitioners and Professionals*
- *Interested Citizens*

One of the most difficult challenges for a private agency providing services to blind and partially sighted people in California is planning. Sound planning should be based on available data and reliable information that are comprehensive in nature and which, one would think, would be gathered by branches of government or organizations outside of government which have an interest. It was clear, as we at the Foundation began to examine the total system of services and gain an understanding where the priority needs exist and where gaps in services occur, that such comprehensive information was simply not available.

The Foundation's first formal plan was approved by its Board of Directors in June of 1985 and, at that time, was viewed as a short-range plan. The recommendations of that plan have been successfully addressed.

A new plan for the Foundation needs to be developed and utilized as the guide to programs, resource and development, and capital development directions for the next three to five years.

Preliminary to the staff and Board of Directors of the Foundation for the Junior Blind developing an agency plan for the future, it was determined that because such little information is readily available, an examination of systems of service and a needs assessment for blind and partially sighted individuals should be undertaken. This study will be used by the Foundation in its planning efforts and, if deemed useful, by professionals, educators and consumers. It is my hope that it may be used to stimulate, promote and guide discussion, planning and action on behalf of California residents who are blind or who have partial sight.

The individual selected to conduct the study has an extensive background in social services, in program and policy analysis and development, and served for many years in Illinois as a legislative staff analyst, legislative liaison for the state's Child Welfare Agency, and as an advocate and administrator of children's programs. Bruce Rubenstein, M.S.W., has a unique combination of skills, abilities, and experiences that qualify him to be the selected surveyor. The fact that he is not from the field of blindness and previously was unfamiliar with the California system of services for the blind and partially sighted was determined to facilitate the possibility of a more objective assessment.

The study undertaken is intended to provide a general overview and perspective on the systems which provide services, as well as suggestions for improvement, and to identify the need for services for people who are blind or visually impaired. The findings and conclusions are based primarily on formal interviews with people involved in the field of blindness.

It is hoped that this work can, in addition to establishing a base for planning for the Foundation, be used creatively by those in the field in both the public and private sectors. . . to better meet those individual and collective goals directed at assuring the greatest possible independence and fulfillment of human potential by persons who are blind and partially sighted.

A separate report of recommendations to the Foundation will follow and will also be utilized by the Foundation in its planning for future services delivery.

I would like to personally thank Bruce Rubenstein and all of those individuals who gave their time and candid responses to the many issues dealt with in this study.

Sincerely,

Bob Ralls

Robert B. Ralls, M.S.
Executive Director

RBR:tk



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II. CONSULTANT FINDINGS/CONCLUSIONS

SOCIAL POLICY AND SYSTEM OF SERVICES FOR THE VISUALLY IMPAIRED

Finding 1: Lack of direction and coordination of services

From all perspectives, the "system" of services for blind and partially sighted people in California is weak, fragmented and generally in disarray. Though many fine service centers exist that provide direct services in either the public or private sectors, the "system" of service delivery appears as more a non-system. It is comprised for the most part of fragments of services that do not work together and are unable to effectively provide needed help for a growing number of blind individuals. This situation exists because of a lack of priority and interest on government's part, a vacuum of leadership, direction and cooperative planning among individuals and organizations with vested interest, and competition for limited clientele.

Finding 2: Professional leadership too often focuses on own area of interest

The professionals in the field of services for the blind and visually impaired tend to focus upon their own professional areas of interest in the total service system and too often ignore those elements of service which most benefit the general population of persons who are blind or partially sighted (i.e., public policy, advocacy, case management).

Finding 3: Agencies and consumers not working together

The private agencies serving the blind and partially sighted tend not to listen or provide sufficient opportunities for input from articulate persons among the visually impaired. Consumer groups have reacted to this treatment by criticism of the private sector as a whole and have come to place more faith in a (sometimes) more accessible and responsive government.

Finding 4: Public policy most influenced by organized blind in California and, to a lesser extent, nationally

Public policy in the field of blindness has been most heavily influenced by consumer groups for a number of decades. The California Council of the Blind and National Federation of the Blind place their emphasis on the civil rights and income maintenance policies. The social service system has been left to represent its own interests and has taken little interest in doing so.

Finding 5: Fragmentation in field leading to diminution of services

The lack of cooperation, coalition building and ability to deal effectively on a policy level and the lack of a coalition looking out for the social service programs providing benefits for persons who are blind have allowed the government in California to systematically eliminate critical public programs, especially those providing job development and case management services. This process has also lowered the standards of quality for services.

Finding 6: Demographic and service data are more available and useful than realized

The available demographic and service data are sufficient to fuel the case for major public policy changes — despite the negativism of many professionals in the field about the lack of perfect validity. The professionals do not realize that less reliable data have moved the public to commit resources to the fight against child abuse, drug abuse, and many other problems which may not match the obvious discrimination and disadvantage inflicted upon persons who are blind in our community. Less reliable data have provided supportive documentation in the passage of many federal and state laws.

Conclusion 1: Need for leadership on the state level is great

The unwillingness of government to provide leadership in California is clear, but could be replaced by the right coalition of private agencies, consumer groups and educational professionals. Government officials stand ready to participate in meaningful policy discussions if some entity, other than themselves, convenes such discussions and essentially provides the leadership.

Conclusion 2: Statewide coalition of leadership needed

A statewide network of public and private agencies, professionals and consumers, needs to be organized to address the comprehensive range of public policy issues facing persons who are blind and partially sighted. It must address a broad range of issues, and membership must include decision-makers from every interest group, including consumers.

Beginning with the development of employment strategies, this network should address the areas of low vision, family support, special education, vocational preparation, social services and the interface with other service systems. Plans for action should be developed that may involve legislation, advocacy or complimentary service provision among agencies. Legislation which addresses the full range of civil rights and social welfare issues can elicit a broad base of support to make the fundamental changes needed in the social welfare system for persons with vision loss.

Conclusion 3: Consumer needs assessment should be undertaken

An annual process for surveying the needs and views of individuals in the population of blind and partially sighted children, adults and elderly, should be undertaken — best done under the auspices of or with the involvement of a consumer organization. The results of such an ongoing assessment process could feed into the network of agencies and organizations which can respond and thereby begin rebuilding a measure of trust and respect.

Conclusion 4: State commission for the blind, by means of creating a Commission for the Sensory Impaired, should be established

A separate State Commission for the Blind. . .or, more realistically, the Sensory Impaired, without direct service responsibility, could provide needed coordination and accountability within government. Because the needs of blind and deaf individuals are so unique, a special Commission for the Sensory Impaired might be politically and pragmatically feasible, rather than establishing one for just the blind and visually impaired.

Finding 7: Blind individuals not well-served by employment and social programs

The perception of the separateness of the "blindness system" (which is, in reality, fragmented at best), provides the rationale for other services systems (employment and economic development, aging, developmental disabilities, child welfare, public assistance, etc.) to avoid the development of special adaptations in their mainstream programs. The special education system is, in its basic approach, providing a model for mainstreaming visually impaired children and youth. No such resource is organized to empower the agencies serving the employment and social needs of adults and the aged population to deal effectively with that segment of their target population which is also visually impaired.

Finding 8: Growing interest in services to the multihandicapped blind may be affecting the quality of services made available to higher functioning blind or partially sighted persons

The developmental disabilities system in California, with its strong case management emphasis through regional centers, is a model for other social services throughout the nation. The availability of financial resources has allowed case managers to buy much, but still insufficient levels of service from the private agencies serving the blind. The private agencies serving the blind are drawn to the financing available in the developmental disability system, and they tend to spend a great deal of time and energy on a smaller number of multihandicapped, partially sighted cases. What may be lost is energy spent to improve the condition of the blind and partially sighted persons living throughout the community, without access to or knowledge of available services.

In addition, the existence of a heavy emphasis on multihandicapped programming in agencies can discourage singly blind adults and children from participating. Such groupings lower self-esteem and provide inappropriate peer group settings.

Finding 9: Discrimination affects employment

Low expectations by the sighted community about the abilities of persons without sight to function independently produce discrimination within the business community and other community institutions which are available to the public at large. A carefully crafted public information campaign and program of training of business people and community organization staff could begin to systematically undo the myths within these attitudes.

Finding 10: Medical community too often ignorant of other's services

The medical community is generally unaware of other services in the blindness system, of which medical care is rightfully in the front end. Innovative approaches to their education, either in medical school or in-service, could assure recognition of the existence of social services and willingness to refer appropriate patients to the appropriate agency for service. As a whole, the medical community is detached and not sufficiently in tune with the service world.

Finding 11: Public/private agencies serving the blind and partially sighted are often not sensitive to the partially sighted person

Though the public schools seem to be more effective in dealing with functional vision, many public and private agencies are largely developed to serve the totally blind individual. Agencies too often fail to recognize this fact and develop services for the totally blind individual. Low vision medical assessments, aids and training are not routinely utilized for persons with partial sight. The unwillingness of the local, state/national associations to fully recognize low vision as a specialty may contribute to the failure to exhaust every optical option before the initiation of special education and rehabilitation programs for totally blind.

Finding 12: Networking and collaboration among service agencies in Los Angeles needs to be developed

Los Angeles community networking among service agencies, schools, medical professionals and consumers is informal and weak, at best. Agency leaders in both the private and public sectors should address this major problem.

Finding 13: Services to Hispanics need to be developed

The great increase in Los Angeles County citizens who are Hispanic has not been sufficiently addressed by most private agencies serving the blind. By the year 2010, the Hispanic community will equal the Anglo community in population.

Conclusion 5: Formalized collaboration/networking effort in Los Angeles County needed

A "Los Angeles Vision Network" should be convened to address the service system issues affecting county residents who are visually impaired. Leadership needs to be viewed as not vested in a particular discipline, but respected for mediation and facilitation skills. All interests should be encouraged to attend, including consumers, professionals in the medical and social services, and government officials. Committees of the Network could focus on individual issues and solutions.

Conclusion 6: Community resource center for training/advocacy needed

A resource center should be created which (1) provides training to agencies on the special adaptations needed for visually impaired persons in other service systems and community institutions; (2) develops public awareness campaigns to promote a positive public image for persons who are blind or partially sighted (and not individual agencies); and (3) provides case management services (similar to regional center programs), with emphasis on response to consumer requests for assistance, support and advocacy. Also, social workers could be used to address family/teacher attitudes in individual cases where family and teacher actions are not working well together to benefit a visually impaired child.

INFANT, CHILDREN, AND FAMILY SERVICES

Finding 14: Infant/family programs good example of networking

The infant/family programs, providing assistance to families with blind infants in Los Angeles County, are well-thought out and valued as resources for the development of early childhood skills for blind infants and practical support for their parents and families. The formal pre-school networking process is largely responsible for the county-wide system. The system now involves 4 lead agencies (Foundation for the Junior Blind, Braille Institute, Los Angeles Unified School District and the Blind Children's Center), along with referral/program support from other special education districts and elements of the medical community. Still needed are working agreements between the center-based and each of the three home-based programs. A model agreement, defining strengths of each model and criteria for cross-referrals and co-staffing certain cases, would have national significance.

The rest of the state is served by the Variety Club Blind Babies Foundation in the Bay Area, and newly developing programs of the local special education districts will provide statewide coverage in the future. While a valuable service to infants and their families, these early intervention programs will be subjected to the same attack by generic policy approaches within the special education systems which have seriously short-changed the special needs of visually impaired students.

Finding 15: Tendency of parents, caretakers, and even providers of service to overprotect

Overprotectiveness often results in dependency, the development of a poor self-concept, and low expectations of a blind or partially sighted child's ability to excel and be productive. Parents, caretakers, and service providers need to recognize this and guard against it.

Finding 16: Children who are blind or partially sighted must work twice as hard to succeed

Children with visual handicaps must work twice as hard and twice as long in order to adjust to a pressured special education system that cannot afford the time to deliver all the necessary specialized services. Summer and weekend programs for children with visual impairments are essential elements in a student's life that must supplement school programs that cannot give either the peer support gained within a program exclusively for visually impaired children, or the necessary special skills (daily living, social/emotional, sensory, communication and other adaptive skills). Private agency programs, school professionals and parents must coordinate efforts to give visually handicapped children the extra time and opportunity to keep up with other children of their age.

Finding 17: Many successful blind or partially sighted people are considered gifted

Though this too often may be true of sighted gifted children as well, many of the highly successful people who are blind were gifted as children, but not programmed into gifted education. They had to overcome not only their visual disability but also the educational system that either could not identify and maximize their potential, or could not marshal the necessary resources to provide sufficient support in specialized programs.

Finding 18: Pre-vocational and vocational preparation severely deficient in public schools and private facilities

The career awareness and exploration elements of pre-vocational education are sorely missing in our schools and service programs and contribute to future employment problems. Children with visual impairments are disadvantaged when they reach formal stages of vocational education and rehabilitation because they have missed critical experiences in their early years.

Finding 19: Major problem: shortage of trained professionals

Federal funding to select California universities for the preparation of professionals to work with individuals who are visually impaired has decreased significantly in recent years. This problem has dramatically reduced student stipends and, when added to the other major concern area...that of students' lack of interest in entering these programs...the result is less students entering professional programs for the visually handicapped. Taken together, there is a serious shortage of appropriately trained personnel available to public and private agencies serving the special needs of children and adults who are blind and partially sighted. Innovative recruitment strategies and the identification of new funding sources must be found or a reduction in program quality will result in both private and public programs.

Conclusion 7: Working agreements to be negotiated for infant services

Working agreements, defining the strengths of center-based and home-based infant/family models and criteria for cross-referrals and co-staffing certain cases should be negotiated between the Foundation, Los Angeles Unified School District, Braille Institute and the Blind Children's Center. The Pre-School Network could serve as the forum for the development of these agreements.

Conclusion 8: Programs needed to supplement special education

Summer and weekend programs for children to address special skills training and early vocational education needs and provide peer support should be expanded further with written referral agreements negotiated with school districts and parents. However, the provision of recreation and physical fitness should not be sacrificed to supplement the special education mandate within the public school systems.

Conclusion 9: Coordination of residential school programs would be beneficial

The Foundation, Los Angeles Unified School District, Superintendent of the California School for the Blind, and State Director of Special Schools should meet to coordinate their efforts and share approaches to the delivery of residential school education for the visually impaired.

Finding 20: Unemployment unacceptably high

A primary problem facing persons with visual impairments is adult unemployment and underemployment. Fundamental flaws in California's employment policies and programs for adults who are blind have contributed to an unemployment rate estimated to be over 70% and a dependency upon public assistance for legally blind persons at a rate over 40%. Professionals and consumers are united in their desire to see comprehensive changes in public policies and private sector programs. Differences in strategy and priorities have kept professionals and consumers apart, but a coalition with a goal to lower these rates of dependency is needed at this time.

The income maintenance/benefits package (SSI and Medi-Cal) for adults who are legally blind presents clear disincentives to work unless job placement involves a high enough salary. New regulations to be implemented are designed to minimize these disincentives.

There is no comprehensive employment strategy to address the high unemployment rate and patterns of underemployment among adults of working age who are blind or partially sighted. No leadership exists. No agency or coalition is even looking at the issue and the development of creative approaches to bring down the unemployment rate to realistic levels. The gaps in job development, work preparation and work placement and support are tremendous — all which make public aid checks attractive.

Finding 21: Services to blind and visually impaired elderly . . . a great need

The aging system has not systematically addressed issues of visual impairment among the elderly population — a population that has a rate of vision loss at least 30 times the rate of the general population. Private agencies serving the blind are only now beginning to reach out to the 50-60% of the population of visually impaired who are 65 years of age or more. The efforts in Northern California appear to be further along than in the south. Once again, rather than holding the aging system, with its growing fund and sophistication, accountable for serving the aged with vision loss, the blindness system may duplicate the full range of aging services, and do so without sufficient resources, both financial and professional.

Finding 22: Agencies serving blind children and adults should make available services to family members

The persons living with the blind individual receiving services or responsible for them are important in the process of service delivery. Too often, services are provided only to the blind person, when appropriate services to "significant others" should be made available.

Conclusion 10: Comprehensive employment strategy needed

A strategy for employment of adults who are blind and partially sighted needs to be developed by a coalition of government leaders, consumers, professionals, and business leaders.

Policy discussions need to focus on disincentives to work in the income maintenance system and on redesign of the vocational rehabilitation system to place an emphasis on job development and preparation of employers, as well as employees, to the benefits of hiring adults who are blind or partially sighted.

Employment strategies should include early and effective vocational education in the schools and private sector; effective job development to drive all training; supportive employment and support for entrepreneurial efforts. As a model employment program, the private sector could use its funds and state/federal supportive employment dollars (when available) to create a highly effective employment service for the adults who are blind. At a minimum, the three components of (1) job development, (2) training, and (3) support must be present. Without an employer and job identified, training can be a futile and counterproductive experience. Similar efforts in Arkansas, Chicago, and Florida can be drawn upon for design of a model employment service.

Conclusion 11: Work needed within the aging system

Working through the network of senior center directors, the hundreds of thousand senior residents who participate in center activities should receive information about vision and ways to maintain independence in the face of its potential loss. Working through the nursing home associations, outreach to nursing home residents by agencies for the blind could provide valuable information and services.

III. RESEARCH PROCESS/LIMITATIONS

This needs assessment began with a review of applicable laws, available statistics and the development of a service matrix to determine the foundation upon which services are delivered.

Laws are fundamental policies which our society has created to provide special benefits and rules necessary to assure basic rights for persons who are visually impaired. Laws governing civil rights, public assistance, social services and medical services explain a great deal about the needs of a population targeted for special emphasis. They are categorized low incidence disabled because their numbers represent a small population of all disabled persons.

The acquisition of statistics was not as difficult as the consultant was initially led to believe. While clear issues of validity are present, the data on prevalence and the general condition of the population were readily accessible — with appropriate research. We were able to gather demographic, medical, education, rehabilitation, employment, public assistance and geriatric information.

The service matrix was created from the compilation of previous efforts and the availability of expert review within the Foundation for the Junior Blind. With the consultant's own experience, the more generalized services (policy, networking, general social services) were added to the specialized range of services generally identified in this field of disability services.

The most critical part of the research process involved interviews with professionals, consumers and others within the service system. Over sixty persons were interviewed in the fields of education, employment, rehabilitation, gerontology, higher education, consumer organizations, and agency executives, as well as 15 persons who are blind or partially sighted. These discussions identified both systemic problems and creative approaches to future service development. A survey instrument (see Appendix "B") was developed to guide the interviews and elicit issues in the field and options for addressing each issue. Promising options were pursued with persons who could affirm the likelihood that these options would successfully address the problematic issues. Specific viewpoints will be acknowledged within the discussion of survey results.

The consultant's presentation of special issues, general observations, findings and conclusions are products of subjective research techniques, relying upon limited objective data when it was available. These sections are meant to be constructive statements leading to positive reactions and collaborative action to address the findings. The consultant has attempted to honestly identify service gaps and areas in which the complex system fails to respond to the needs of the population of individuals who are blind and partially sighted.

IV. TERMINOLOGY

There are many definitions used to describe the varying degrees of vision loss. The term "legally blind" is universal and is used for the determination of government benefits. Terminology for degrees of partial sight vary greatly from study to study.

For the purpose of this study, the consultant has developed the following conceptual framework based on review of the literature.

The following definitions seek to avoid confusion between the overlapping terminology used by federal and state agencies and organizations.

DEFINITIONS

A. **No Light Perception (NLP):** Persons with NLP cannot visually detect light with either eye.

B. **Light Perception:** Persons have light perception if they can only see light but are unable to identify details of the light source.

C. **Legally Blind:** Persons are legally blind if the best corrected visual acuity in their better eye does not exceed 20/200, or if the maximum diameter of their visual field does not exceed 20 degrees even though the best corrected visual acuity in their better eye exceeds 20/200.

D. **Partially Sighted:** Persons are partially sighted if the best corrected visual acuity in their better eye does not exceed 20/70 but is better than light projection, or if the maximum diameter of their visual field does not exceed 30 degrees even though best corrected visual acuity in their better eye exceeds 20/70.

F. **Visually Impaired:** Persons are visually impaired if they have NLP or light perception or are partially sighted.

F. **Fully Sighted:** Persons are fully sighted if they are not visually impaired.

Professionals may argue that poor vision (between 20/20 and 20/70) can frustrate an heretofore unrecognized group. This study does not address its issues.

V. OTHER RECENT STUDIES

Other needs assessments have been undertaken in the last decade. The American Foundation for the Blind has facilitated a number of projects, including those in Arizona and Florida. Several efforts have defined service needs and priorities within the California education system for visually handicapped students. A more detailed discussion of these studies can be found in Appendix "E." The studies are important in that similar issues face the blindness systems in different parts of the country.

VI. STATISTICAL ANALYSIS

A great amount of concern has been expressed by the professionals interviewed about the lack of reliable data concerning the prevalence and characteristics of persons who are visually impaired. Data are clearly limited because of widespread opposition to registries and labeling in the field of disability service. Educated assumptions have been used successfully to make the case for improvements in the social systems and for increases in resources targeted at child abuse, aging, drug and alcohol abuse, mental illness and many others. The inability to marshal a coalition of interests in the field of visual impairment is of greater concern. Individual advocates, with limited political power, have allowed the unreliability of data to delay the development of improved public policy for people with visual impairments.

The most complete analysis of the data picture is contained in the book entitled *Data on Blindness and Visual Impairment in the U.S.: A Resource Manual on Characteristics, Education, Employment, and Service Delivery.* This book by Corrine Kirchner, Director of Research for the American Foundation for the Blind, contains 28 articles on topics ranging from social demographic characteristics to the service delivery system. Kirchner expresses growing frustration with federal data sources on blindness and visual impairment. Ms. Kirchner discusses "the threat to national disability statistics collection and reporting (by) issues of budget cuts, as well as policy and system coordination between state and federal levels." The trend toward limiting the federal role relative to states includes statistical reporting requirements about the programs. Issues of privacy, limitation on social research and budget constraints limit disability statistics and hamper national planning. This planning role falls to the states — and the current California administration is not anxious to assume this responsibility.

One source of data used widely comes from a 1978 report of the National Society for the Prevention of Blindness. The NSPB estimated 498,000 persons were legally blind at the time (225.1/100,000).

The National Center for Health Statistics (NCHS) is an important population-based data resource. Its latest relevant reports, however, are **Monocular Visual Acuity of Persons 4 - 74 years** from 1971 - 1972 and **Prevalence of Selected Impairments** from 1977. Originally planned for approximately three-year intervals, it is unknown when the next report may be conducted.

The Health Interview Survey (HIS) of NCHS is conducted throughout each year, with annual reports on many health measures, although impairment data are reported at longer intervals. While it has its strengths, the HIS sample is not large enough for reliable estimates of severely visually impaired people by state or by detailed demographic subgroups.

The Bureau of Census, a potential source of valuable and reliable data, cancelled a planned disability study following the 1980 census. That census failed to collect any usable data on any type of impairment. The 1990 census is considering more questions about the elderly and disabled according to a letter to Congress. Final plans are due April 1, 1988.

A. Demographics of Blindness and Partial Sight

Based upon the work done by Dr. Sam Genensky of the Center for the Partially Sighted, of the estimated 240 million citizens of the United States, 2.3 million (951/100,000) are visually impaired. The data, upon which Dr. Genensky relies, were a roster of legally blind individuals recorded on

registers maintained in 16 states. This report by the National Eye Institute is more commonly referred to as the Model Reporting Area for Statistics on Blindness (MRA). These states agreed to follow standards of completeness that is more reliable than those statistics surveys by other sources. The MRA has been discontinued, leaving the last data from 1970.

United States Estimates of Legally Functionally Blind, Partially Sighted, and Severely Visually Impaired

	Functionally Blind	Legally Blind	Severely Visually Impaired	Partially Sighted
Center for the Partially Sighted - 1984	132,000	550,600	-	2,111,400
National Center for the Health Statistics - 1977	-	-	1,391,000	-
U.S. Census (1977 Institutionalized & 1980 Non-institutionalized)	-	-	2,107,860	-
National Society for the Prevention of Blindness - 1978	-	498,000	-	-

All of these studies are old, and each has elements that make the numbers questionable. Definitions vary, and sampling techniques are challenged by research experts.

B. Corrective Lens

The **Statistical Abstract of the United States** reports that, in 1980, 47% of the U.S. population (97.9 million citizens) wore corrective glasses, plus 5% (9.9 million citizens) wore contact lens. In total, over 52% of the populate needed correction in order to see at 20/20 visual acuity.

C. Causes of Blindness

The National Society to Prevent Blindness has provided the following data on the causes of blindness.

MAJOR CAUSES OF BLINDNESS (Percent)

	Existing Cases	New Cases
Glaucoma	12.5	11.5
Macular Degeneration	11.6	16.8
Senile Cataract	8.3	9.8
Optic Nerve Atrophy	7.0	10.1
Diabetic Retinopathy	6.6	4.3

Other causes, accounting for 46% of the population, include injury, cancer, albinism, myopia, retinitis pigmentosa, retrolental fibroplasia, corneal, birth defects, drug-related blindness and other miscellaneous diseases.

D. California and Los Angeles Demographics

The following data from Dr. Genensky indicate that of the 26.5 million citizens of California, 13,600 functionally blind and 214,850 partially sighted individuals make up the population of visually impaired (862/100,000). In Los Angeles, 4,206 functionally blind and 66,441 partially sighted individuals reside in the county. (See Appendix "C" for Genensky data, by age groupings.)

E. Birth and Survival Data

Margaret Martini, board member of the Blind Children's Center in Los Angeles, is just completing a preliminary statistical analysis of a ranged prevalence rate for blindness and visual impairment in children zero to four years of age in 1987. Her analysis involves an in-depth look at infant survival rates, by birth weight. Birth weight is being viewed throughout the social services as a key indicator of the full range of social disabilities from visual impairments to likelihood of child abuse. Ms. Martini has estimated the current incidence rate of retinopathy of pre maturity-related blindness and visual impairment, from birth statistics and clinical information.

This research confirms the experience of the Foundation, Braille Institute and Los Angeles School District. These agencies have seen a 500% increase over three years in the number of infants referred for early intervention services.

Looking at the diseases of retinopathy of prematurity, retinoblastoma and all others, the 1970/78 rate of 42/100,000 live births has risen to as much as 85.9/100,000, assuming 1.2% of births less than 1500 grams develop ROP with a 62% survival rate. While not fully validated, many professionals believe that there has been a dramatic increase in low birth weight infants who are blind and have other disabilities. The future for agencies serving the blind, as in the 1960's, is dependent upon medical technology and the moral issues found in the field of neonatology.

F. Education Data

The California Department of Education reports the number of legally blind students to the American Printing House in order to access a proportionate share of federal funds for equipment and materials for the visually impaired.

In January of 1987, 4,595 students were reported to the APH in Lexington, Kentucky. An additional 2,000 visually impaired students were reported to Sacramento, but were determined visually handicapped, but not legally blind. The total "reported" visually impaired to the clearinghouse of the Department was 6,595.

Of the 6,595, only 2,568 students were identified by Special Education Local Plan Areas (SELPA's) as visually handicapped and 132 as deaf/blind. The remaining youths were labeled as multiply handicapped or some other category.

Students Identified as VH	2,568
Students Identified as D/B	132
VH Students Identified Otherwise	3,895
Total	6,595

In the Los Angeles Unified School District, 674 visually handicapped students received services as follows:

Blend School	131
Resource Room	108
Itinerant Services	347
Infants Served at Home	88

G. Rehabilitation Data

A publication of the California Department of Rehabilitation, the **Pocket Reference - Fiscal Year 1985-86**, reports that the average cost per client for the visually impaired client was 30% higher than any other disability group and with half the success of paid employment as the achieved goal, but the Department fails to provide an explanation of this startling, but understandable, array of data in this publication. From this information, and from the high unemployment rate, it must be concluded that services to blind individuals do not compare to services to other disability groups on the return for tax dollars spent.

Homemaker services are not an acceptable goal, by Department of Rehabilitation policy, for disabled clients other than those who are blind. This authorizes living skills services not afforded other clients. This policy allows the Department to serve the 60% of the visually impaired population which is elderly and not targeted vocationally. This non-employment-related service distorts the data presented to the public and should be clarified. It raises red flags about the potential costs and success factor of employing the visually impaired, while not taking credit for over 3,000 blind people served with independent living skills training without needing a vocational goal.

H. Employment Data

The employment and underemployment picture is of utmost concern. The 1976 census data on the employment of persons with "vision loss" indicate that 60% of the population does not participate in the labor force, with an added 17% of those persons looking for work, unemployed.

LABOR FORCE PARTICIPATION - 1976

	With Vision Loss	U.S. Population
% **Who Are In the Labor Force**	31%	72%
% **Who Are Employed**	83%	83%

In terms of underemployment, data indicate that persons with vision loss, with comparable levels of education, will much more likely take a blue collar job.

OCCUPATIONAL STATUS OF CURRENT OR MOST RECENT JOB - 1976

	College Education or Higher		High School Education or Lower	
	Vision Loss	General	Vision Loss	General
White Collar	62%	75%	27%	35%
Blue Collar	37%	25%	73%	65%

I. Public Assistance Data

In March of 1987, 20,297 of the legally blind residents of California (40%) were receiving Supplemental Security Income for the blind. At an average of $439.71 per month, the federal and California government spent $91.2 million, excluding medical and other benefits, which may cost nearly as much. California leads the nation in the standard payment level of SSI for the blind. California surpassed Alaska by $1 in January with the highest monthly rate for an individual ($606) and pays over 35% higher than Alaska for a dependent couple ($1,178). This high payment level and proportion of persons on public assistance, coupled with the high unemployment public policy, points to the major area for concern in the field of visual impairment.

J. Multiple Handicaps Data

In 1977, the National Center for Health Statistics estimated that 59% of the severely visually impaired (826,000) was multiply handicapped. We can estimate that 8,024 of the functionally blind and 126,762 of the partially sighted are multiply handicapped.

In the area of developmental disabilities, excellent data are available from the Department of Developmental Services in Sacramento. The system of regional centers to manage cases of persons with developmental disabilities was designed for data collection as well as service. Each case manager in the regional center system updates case information each month — providing a sound base for policy development.

Each case is reassessed each month — with data fed into computers of the Department of Developmental Services in Sacramento.

The rate of legal blindness among developmentally disabled persons is 5,970 per 100,000 compared to an estimated 204 per 100,000 in the California population as a whole. The data reveal 4,579 cases with visual impairment defined here as either "severe low vision," "profound low vision," "near blindness," or "total blindness" by regional center staff. In response to the consultant's request, a printout was generated which indicated the age breakdown of 4,579 developmentally disabled citizens in Los Angeles and the state.

VISUALLY IMPAIRED CLIENTS, BY LOCATION

Age	Los Angeles	State
0 - 2 years	74	210
3 - 21 years	537	1,888
22 - 64 years	593	2,412
65+ years	8	69
	1,212	4,579

Data are also available on persons who are deaf and blind. The Helen Keller National Institute estimates nearly 4,000 deaf/blind individuals in California. Of these, the California Department of Education can identify 610 children and youth who are deaf/blind.

DEAF - BLIND DATABASE INFORMATION

AGE GROUP 0 - 2	Count = 8
AGE GROUP 3 - 5	Count = 47
AGE GROUP 6 - 22	Count = 555

Number of Students in *California*	Count = 536
Number of Students in *State Hospitals*	Count = 51
Number of Students in *Los Angeles County*	Count = 101

K. Aging Data

Estimates in 1977 (National Center for Health Statistics) and 1978 (National Society for the Prevention of Blindness) placed the percentage of elderly who were legally blind at 53.4% of all legally blind persons and 71.2% of those who were severely visually impaired. Elderly is here defined as 65 years of age or older. Dr. Genensky's work estimates only 44.5% of the functionally blind and 53.7% of the partially sighted in California are elderly. The rate of visual impairment ten to thirty times higher than the average for persons over 85 years of age.

RATE OF VISUAL IMPAIRMENT

Average - All Ages	Legally Blind	Severely Visually Impaired
65 - 74	225.1/100,000	660/100,000
75 - 84	440/100,000	2,200/100,000
85+	910/100,000	6,490/100,000
	2,620/100,000	18,150/100,000

L. Future Population Projections

The data on population change, gleaned from a variety of public and private sources, indicate that California's population, less than 16 million in 1960, grew by nearly 50 percent to 23.8 million by 1980 and is expected to approach 32 million by the year 2000, and 37 million by the year 2020.

The non-Hispanic white population is stagnant. Little immigration from other states is coupled with a less-than-replaced birthrate among white women. The white population will begin to decline in the 1990's, and the low birthrate means that its portion of the population is growing older faster than others.

Some three-quarters of the population growth is among Hispanics and Asians. There is a continual flow of Asians into the state. California already is home to more than a third of the Asians who live in the United States.

The Hispanic population is increasing by a high level of immigration from Mexico, and a birthrate that is nearly twice that of other ethnics.

The Department of Finance makes the following projections for total population growth, by age, for years 1985 through 2020 for the County of Los Angeles.

Age	1985	1990	1995	2000	2020
0-4	742,890	694,637	652,582	619,702	717,362
5-9	618,725	801,710	762,915	697,764	791,964
10-14	533,987	666,011	797,116	815,432	823,728
15-19	563,351	530,723	662,762	786,838	689,513
20-24	656,714	561,196	528,680	659,600	715,532
25-29	739,216	635,526	540,236	508,678	655,927
30-34	730,058	745,785	643,129	544,768	779,696
35-39	623,764	722,873	738,404	632,193	749,622
40-44	486,690	616,187	714,093	724,172	614,345
45-49	398,141	478,476	605,366	696,084	483,629
50-54	369,891	387,692	464,832	584,742	495,814
55-59	381,308	355,686	371,861	439,340	548,009
60-64	373,205	359,228	333,736	344,563	598,784
65-69	293,827	340,297	326,588	296,884	817,675
70-74	231,035	255,498	295,325	277,290	390,622
75-79	159,182	186,387	206,509	233,753	244,330
80-84	102,189	114,523	135,829	146,601	147,987
85+	81,123	91,252	105,883	124,159	154,772
Total	**8,085,296**	**8,543,687**	**8,885,846**	**9,132,563**	**10,119,311**

These figures, given no growth in the rate of visual impairment, indicate a growth in school-age children in the 1990's which will reappear again in the 2020's. The senior population will grow greatly in the same decades.

However, projecting the work of Maggie Martini, over the next few years, the number of visually impaired children may have grown since 1985 by 50% in 1990 as compared to a 25% growth in all children aged 5-14.

M. Professional Resources

The Association for the Education and Rehabilitation of Blind and Visually Impaired (AERBVI) estimates that, nationally, there are 8,414 professionals serving 132,650 blind and visually impaired children and adults. The major finding of the report was that 466 immediate vacancies (5.5%) exist in education and rehabilitation positions. In addition, these AERBVI researchers claim that 1,303 professionals are "uncertified or partially certified" and 1,384 "special educators" (are needed) for unserved children. Therefore, there is a current shortage of 3,153 trained professionals.

Current Shortage of Trained Professionals

466 immediate vacancies
1,303 uncertified or partially certified
1,384 special educators needed for unserved children
3,153 Total (not counting unserved adults)

VII. SERVICE MATRIX

The development of a service matrix can provide an understanding of the range of services that are, or should be, available to visually impaired children and adults, and those agencies and organizations which provide elements of that service range. Gaps in services and duplications of effort are more easily explained in the context of a service matrix. The actual presentation of a complete matrix is described in Appendix "F" by the identification of dozens of service elements along the continuum, from recreation and leisure services provided to an individual child to the development of public policy in the areas of public assistance and employment. Each occupies a space on the continuum and would be available if the comprehensive system were being comprehensively addressed by the public and private sectors.

Networking and Advocacy for Public Policy involves formal collaboration among consumers and professionals. Public Policy includes legislation and regulation enacted by public officials and dictates the level of income maintenance and the degree in which medical and social services will be utilized to benefit a population in need of special services.

On the national level, key actors include representatives from the American Foundation for the Blind, National Federation of the Blind, American Council for the Blind, Association for the Education and Rehabilitation of Blind and Visually Impaired Persons, the National Council of Private Agencies for the Blind, and the National Council of State Agencies for the Blind. These organizations are among those which speak to the Congress and federal agencies about policies which affect visually impaired people.

These organizations publish materials and often conduct professional conferences. Networking among these national organizations has been inhibited by differences in philosophy and strategy. The organizations of the blind tend to focus on issues of civil rights and income maintenance, while the other organizations are more concerned with education and rehabilitation policies.

At the state level, several organizations speak to Sacramento policy-makers. They include:

Consumer Groups

- National Federation of the Blind
- California Council of the Blind

Professional Organizations

- Joint Action of Organizations Of and Serving the Visually Handicapped (JAC)
- Association for Education and Rehabilitation of the Blind and Visually Impaired (northern, southern) (AER)
- California Association of Orientation and Mobility Specialists (northern, southern) (CAOMS)
- Low Incidence Disability Advisory Committee (state advisory group) (LIDAC)
- California Association of Ophthalmology (CAO)
- California Optometric Association (COA)
- State Board of Guide Dogs for the Blind (state regulatory committee)
- California Agencies for the Blind and Visually Impaired (CABVI)
- California Agencies of Parents of the Visually Impaired (CAPVI)

While the professional organizations have advocated for their areas of the total system, the consumer groups maintain firm control over the basic policies affecting people who are blind. Legislators are more responsive to the articulate voice of the organized blind than they are responsive to the professionals who claim to speak for the blind. At the community level, little formal networking has taken place for school-age-children, adults and the aged. The Pre-School Network has accomplished a great deal. The infant/family resources are well-organized, and agencies in Los Angeles County stand ready to respond to the needs of visually impaired infants and their families throughout the county. Work is still needed in the relationship between the home-based and center-based programs. Clarification of this relationship would provide a model for addressing the services for persons of all ages with visual impairment.

The second area of networking and advocacy for public policy is **Leadership**. Networks of organizations require some individual or small groups of individuals to assume leadership. Without such leadership, organizations cannot convene to advocate government policies. Usually government plays the leadership role in policy, planning and new resource development. Government money seeds the field as problem areas are identified and addressed. In this field in California, as in other states, the private sector is expected to plan and create new programs. Government will later pick up on a good idea as it is now doing in the area of early intervention for infants and families.

Services to the General Population comprise those services that affect the general population and are probably least well-understood or provided. These are the services about which the consultant heard the most frustration expressed by professionals and consumers alike.

The first area of services to the general population is **Resource Development**. State government agencies in the other social service fields usually provide responsibility for resource development. Development of resource directories, the analysis of the resources and recruitment of new resources are critical services that need to be provided for in order that a clear picture of the services be presented. In California, the California Department of Education is working on a resource directory, but the social service system directory is developed by the Joint Action Committee with support by the Foundation for the Junior Blind. Analysis of the available resources is not done, and the recruitment of new resources is, therefore, an area for further development.

The second area of services to the general population is the **Development of Professional Resources**. This includes recruitment of employees into service agencies; college preparatory programs for teachers of the visually handicapped, orientation and mobility specialists, rehabilitation teachers and others; in-service training for persons employed in the field, including conferences, workshops, and consultation; and on-the-job training, which may include internships and staff promotions.

The third area of services to the general population is **Public Education**. The attitude of sighted and visually impaired citizens is important if those attitudes are to be directed toward the goals of independence and accomplishment. Public Education includes relations with the media, development of public service announcements and radio and television broadcast programming. The Los Angeles area radio broadcasts for the blind are only available in a limited geographic area.

The fourth area of services to the general population is the provision of **Medical Care**. This includes health maintenance, optometry and ophthalmology, optics development and low vision services.

The area of Low Vision Services can be segregated in order to identify that only a small segment of the optometrists and ophthalmologists provides assessment of residual vision, prescriptions of low vision aids and devices, and training on those aids and devices. It is a specialized area of medical care that is not given the recognition it deserves in its field.

The final area of services to the general population are those services that the consultant has included under the heading of **General Social Services.** They include service accessibility by blind and visually impaired persons who are at home. Services include hotlines, drop-in centers, outreach to their homes, friendly visits and telephone reassurance services. They also include assistance to the client at his/her request, and community assistance. These services also include social assessment when appropriate, case planning, information and referral, case management, transportation, respite care and case advocacy.

The area the consultant has entitled **Sector Education** includes the organization of speakers' bureaus, development of newsletters and training of other professionals in community centers, nursing homes, senior centers, medical facilities, recreational sites and other community institutions. Along with public education and sector education, library services are included in this section of services to the general population.

The third broad area of the services matrix includes those services provided to individuals on an age-related basis. The first age-related service is the **Infant/Family** intervention programs, which are growing in number and effectiveness. They may be delivered in the home of the family or at a center. The infant/family programs provide family support. Family support includes acceptance and appropriate attitude by the parents and family members. It also includes those elements of parent responsibility that will support the child and help the child maximize his or her own potential for development. Infant/family services also focus on the infant, providing stimulation, sensory and motor development, communication skills, cognitive development, social and emotional development skills, daily living training and preparation for school.

The second area of services to individuals on an age-related basis is to **School-Age Children.** Program options include the regular classroom, itinerant teachers who address the special needs of visually handicapped children while they are in the special-kept classroom, special resource rooms to provide intensive service outside of the regular classroom, self-contained classrooms serving only children who are visually handicapped, and special schools which contain a number of self-contained classrooms and only serve the visually handicapped.

Schools may be provided by the public school system, nonpublic schools, California School for the Blind, or state hospital schools. School programs include the procurement of materials and equipment, and the development of cognitive skills, communication skills, social/emotional skills, sensory motor skills, daily living skills, academics, orientation and mobility skills, library service and pre-vocational skills. Residential care may be an important component of the school program if there are problems with the child in the home of his or her parents or comprehensive education is required.

The next area of services, by age, are those in the range of **Adult** programming. Adults receive income assistance in the form of Supplemental Security Income, medical assistance, food stamps, housing grants, tax exemptions, and a number of other special services from the public. Adults are often organized into fraternal groups, and these groups serve the social need of the visually impaired adult. The third area element of adult assistance is rehabilitation programs which provide work assessment, work adjustment, career counseling, pre-vocational skill training and work skills training.

The element of employment services for adults includes job development and placement, supported employment, provision of equipment grants, on-the-job training and other supports to visually impaired persons in competitive work, in work activity centers, sheltered workshops, or in entrepreneurial businesses.

Services to the **Senior** age group include vision assessments, counseling and adjustment services, low vision aids, training in daily living skills, orientation and mobility, and recreation and leisure service. The final element of adult assistance may be residential care in group homes, institutions or nursing homes. Residential care is only appropriate for the visually impaired if accompanied by other disabling conditions.

The final area of the service range includes a more detailed look at those elements which make up the special services of sensory motor development, communication skills, cognitive development, living skills, social/emotional development, pre-vocational skills, residential care and recreation and leisure. The specific elements under these broad categories have been broken down in the chart on page 49.

Finally, agencies which are organized to provide these services, whether they are public schools or private agencies, must maintain themselves, and each must have a mission, planning and policy processes, marketing and fund development strategies, building use plans, personnel, accounting and the recruitment and development of volunteers and professionals in order to provide all those services that are available to visually impaired individuals.

VIII. SPECIAL ISSUES

Four special issues have been selected for in-depth analysis because of their universal identification by survey respondents as fundamental policies which have created disadvantages to the field of services by persons with visual impairments.

A. Generic Programming

The generic movement in education in the United States has had profound impact on services for the blind and visually impaired people, both young and old. Its impact in education in many areas has been both successful on the one hand and fraught with difficulties on the other. The benefits for the students can be great, but with certain special-need disability groups, specialized needs that should be addressed often are not. Because of the special needs of blind and visually impaired children and youth, generic programming is criticized for not being able to appropriately address individual disability specific needs and often creating problems for these identified groups of students as well.

The developmental disabilities movement in the United States has successfully coalesced varied disabilities into a nondifferentiated interest group with generic programming. This movement has had major impact in employment programming. Public leaders have supported this effort with generic legislation and increased funding. However, low incidence disabilities (vision, hearing and orthopedic handicaps) are disadvantaged in favor of learning disability and mental retardation populations. Unequal access to tax-supported services is demonstrated as regional centers (for developmental disabilities) approve or disapprove the eligibility of disabled applicants for services. Regional center staff determines who is developmentally disabled using the following statutory definition: "A developmental disability is a condition that interferes with growth and development. Special conditions are:

- Mental Retardation
- Cerebral Palsy
- Epilepsy
- Autism

In addition, some neurological handicaps that are similar to mental retardation are considered developmental disabilities."

This definition governs a major flow of public funding for disability services and does not include the visual disability unless a regional center staffer has sufficient funds and latitude to utilize the discretion allowed in paragraph two above.

The most critical result of generic programming has been the movement of resources and reorganization of bureaucratic structure away from special emphasis on visual, hearing and orthopedic disability. Special emphasis usually results in increased dollars and programs. The collapse of special funding for blind students in the 1970's reduced the support visually handicapped students had from the special education program in the state. Its return as part of a low incidence fund in the 1980's did not return support to previous levels.

Over and over again, reduction in government programs for the blind and partially sighted is justified by implementation of the policy of generic programming.

B. Low Vision Services

Low vision services are regularly defined as those vision assessments, prescriptions of visual aids and trainings on their use, needed to address persons with partial sight. A functional definition can also be used to identify low vision clients or patients. This definition focuses on the inability to read regular newsprint with corrective lens. Low vision is not defined in California — because this state has no policy to encourage early identification and services for persons with low vision.

The American Foundation for the Blind identifies 24 low vision clinics in California, including the following in Los Angeles County.

- Braille Institute
- The Center for the Partially Sighted
- INA Ross-Loos Health Plan
- Jules Stein Eye Institute
- Martin Luther King, Jr. General Hospital; Eye Clinic
- Optometric Center of Los Angeles
- St. Mary Low Vision Center
- Wadsworth Veterans Administration Hospital Medical Center
- Watts Health Foundation, Inc.

Unfortunately, the American Optometric Society and State Board of Optometry have resisted a special low vision credential. In its **Program Guidelines for Visually Impaired Individuals**, the California State Department of Education recommends that functional vision assessment be completed by a teacher of the visually impaired and a report referred to "optometrists and ophthalmologists who specialize in low vision impairment and have the necessary equipment and expertise to assess low vision and prescribes low vision aids."

Dr. Robert Gordon, not on the A.F.B. list, is a leading low vision specialist. Dr. Gordon estimates 30 low vision specialists in the state. Dr. Sam Genensky maintains a list of 39 specialists. It appears that each school administrator and other referral sources must maintain a private list — given no credentialing authority. Recognizing the specialty could be the first step in California toward a sensible public policy in regards to low vision and early intervention.

Issues of payment play a role in low vision system in California. Inconsistent payment practices by the California Children's Service was identified as an inequity for persons with vision loss. Vision assessment services are not approved for payment as often as hearing assessments or physical evaluations.

Michigan and Texas are leading states in placing emphasis on low vision. The 1984 report on low vision services for children, prepared by the Michigan Commission for the Blind, defines low vision; examines its causes; looks at prevalence; defines basic principles, processes and reimbursement issues. This report demonstrates the need for comprehensive low vision services — services that emphasize assessment, evaluation, prescription, and training. The report adds that the practical and educational benefits of vision aids are great. The only drawback is "the inability of many families to purchase prescription low vision glasses for their children."

The Texas Commission for the Blind appears to provide one example nationally of a rehabilitation agency serving the needs of visually handicapped children. The Texan Commission through its Visually Handicapped Children's Program (VHC), provides children 0 - 21 years of age with vision

restoration and maintenance, optical correction, vision training, child and family counseling, and educational support. The Texas Commission pays the full cost of low vision physical recreation, hospitalization and prosthesis for children of families who cannot afford these expenses. Of the 6,000 children served each year, approximately 900 receive services necessary to restore or maintain vision. Sixty-six percent of all children receiving eye restoration services have no remaining visual disability.

The Texas Commission reports that the VHC program is cost effective. In a recent brochure, the Commission reports that VHC services saved some $3,900 in special education costs for every child whose vision was restored. They also report that this amount "in combination with future savings in vocational rehabilitation costs and increased lifetime earnings and tax paybacks, results in an annual return on investment of 281%."

The Texas Commission estimates that every dollar of VHC expenditures returns $31.95 in additional earnings and $7.99 in tax paybacks.

In addition to cost barriers, in order for a statewide low vision program to be developed, legislation would need to commit the state to sound policy requiring upfront funding, but with long-term financial savings and more appropriate treatment of low vision problems among partially sighted persons.

C. Income Maintenance and Social Services

Is it inappropriate for a person who could work to rely instead on public assistance? Generally, this society replies affirmatively. However, an unemployment rate over 70% for persons of working age with visual impairments is a reality. This includes 69% who are out of the labor force and 17% unemployment among those still looking for work.

As discussed later, the employment system in California for the visually impaired is riddled with holes, and the income maintenance payments do provide clear disincentives to work. Consumers to whom the consultant spoke carry a basic distrust for the social service system that trains them for jobs that do not exist. State rehabilitation counselors are becoming forthright by identifying "homemaker" goals for more clients than paid employment as an outcome of its efforts.

It is the combination of healthy income maintenance and fragmented and weak social services that creates an imbalance that is not tolerated in most of the other welfare systems such as Aid to Families with Dependent Children and General Assistance. Society seems to expect the people who are blind not to work — to stay home and collect their monthly government checks. If this is acceptable to consumer organizations, then the consultant's recommendations about employment strategies should be put aside. If not, then consumers need to demand action to strengthen the social welfare system.

The emphasis identified by consumer leadership is clearly on income maintenance and civil rights. Consumers have fought for specific positions in government but have not demanded power and accountability in the performance of these offices. Private agencies have not seen public policy as their domain — remaining focused on direct service delivery. Advocacy on a policy level, affecting hundreds or thousands, is not viewed as a private sector service or responsibility.

D. Government Role

Government serves special populations under mandates and authorizations embodied in law. Government also operates with informal policy as set by administrators, middle management, and line staff. Public programs for the benefit of persons who are blind or partially sighted depend heavily upon the federal Social Security Act, Rehabilitation Act and Education for All Handicapped Children Act. These laws set forth national policy on income maintenance, employment, and education. Other laws impact on the blindness system (i.e., Older Americans Act, Adopt-assistance, and Child Welfare Act., etc.), but to lesser degrees.

Federal government spends approximately $1.5 billion on SSI, rehabilitation, books, housing, and education for the benefit of visually impaired persons, primarily those who are legally blind. Included in this amount is $15 million for deaf/blind centers, $36 million for "books for the blind," the national library system, $4.6 million for the Helen Keller Deaf/Blind Center, $55 million for materials from the American Printing House for the Blind, $217 million for the National Eye Institute for research and numerous pre-school, early intervention, teacher training, and social services that help the field of blindness as a component of a more generalized program. Most of these federal dollars are spent on SSI payments directly to individuals and the federal costs of state medical systems.

On the state level, California has maintained healthy public aid levels, but has cut back on employment, education and social services. These include:

- County Social Work for the Blind
- Aid to the Potentially Self-Supporting Blind
- Disability - Specific Education Consultants
- Job development specialists in Rehabilitation
- Support employment

The largest cost is the state supplement to SSI for the blind. In addition, three state agencies have primary responsibility for services to persons who are blind or partially sighted. The Department of Social Services provides the SSI reimbursement to the federal government. This department used to supervise county bureaus of social work for the blind, but **this program and all the county social services efforts were eliminated in the late 1970's. In addition, "Aid to the Potentially Self-Supporting Blind" was eliminated in 1981.** APSSB provided an incentive for persons to move toward work without losing their assistance grant in full. These programs were authorized, until their elimination, in the Welfare and Institutions Code.

This code also authorizes vocational rehabilitation, business enterprises for the blind (vending stands), and independent living centers. Aid to the Potentially Self-Supporting Blind, Field Orientation Services for the Blind and California Industries for the Blind were victims of reduced and re-thought levels of services.

The Civil Code and Vehicle Code provide for civil rights and white canes and guide dog privileges. The Health and Safety Code provides for prevention of blindness activities. The Business and Professions Code establishes licensing for medical professionals and guide dog schools. The early intervention efforts are part of the Government Code. Finally, the Education Code mandates library services, establishes the California School for the Blind, regulates special education, and career and vocational education.

The California State Department of Education administers special schools and special education. The Education Code provides direct control through Special Education Local Plan Areas (SELPA). The state provides consultation services and recently eliminated disability-special consultants for the visually impaired — a loss which unsuccessfully threatened the operation of the Pre-School network in Southern California.

The Department of Education has provided leadership in the development of guidelines for local schools, but has failed to provide oversight and technical assistance to assure use of the guidelines. The jurisdictional negotiation between the sections on special schools and special education is temporarily threatening this leadership.

The Department of Rehabilitation provides for job training and placement for disabled citizens. The Department operates the Orientation Center for the Blind in Albany — a similar service to the Foundation's VIP program for Southern California. More emphasis should be placed on job placement in each program. There is a body of thought that an employment and training system should be driven by the staff developing jobs for which individuals should be trained. Unfortunately, what was once a function within the two programs, and was then supposedly assumed by staff of the Department of Rehabilitation, has been totally eliminated through attrition of that staff. Rehabilitation counselors for the blind focus on this critical element only. Diluting it, training of employable adults raises policy questions. The Vocational Independence Program is an excellent independent living program and a good vocational counseling effort. But if jobs do not result, the expectations of consumers at the Orientation Center and at the Foundation should not have been raised.

Unlike other disabilities, though, persons who are blind can be assigned "homemaker" goals. This is a two-edged sword. On the positive side, those persons (elderly and severely disabled) who cannot work receive living skill services from the state. The state still employs 27 counselor-teachers to go into the home and teach living skills. On the negative side, lowered expectations for persons who could work result in a lesser-than-productive goal. Some counselors recognize the futility of training without an actual job at the end. Supportive employment services after job placement are not yet authorized for the blind but are an important service for other disabilities.

Offices of services to the blind exist in the Departments of Social Services and Rehabilitation. Professionals with visual impairments head these offices, but most authority has been stripped. Little line responsibility exists. Consumer organizations lobbied for positions in these offices, but have failed to push for significant authority. Counties and cities play no role in the service system but provide for civil rights privileges and periodic special programs in their jurisdictions.

IX. SURVEY RESULTS - IMPRESSIONS

The consultant interviewed over 50 service professionals, government officials, educators, consumers, and volunteers. The issues discussed covered the full range of services — each interview built upon response to the questionnaires and previous interviews. Each issue was reviewed from as many perspectives as possible. This section will identify major issues raised from the process.

The California system of services to persons who are blind or partially sighted is perceived to be fragmented and without a consensus leader. In California, government, which very often plays a lead social service policy role, is unwilling to play this leadership role in the field of services to the blind. In fact, with little opposition, government has reduced key services in the name of budget cuts and mainstreaming policy. An effective coalition of providers and consumers within the field could have defeated these reductions if such a coalition existed.

A basic distrust appears to exist between the organized consumer groups and the private agencies, as well as government, that were created for their benefit. Visually impaired individuals very often perceive the agencies and professionals as patronizing and self-serving, not truly responsive to their needs. They value practical services, those categorized as general social services, including social work, transportation and individual advocacy in specific situations or with specific community agencies or businesses or schools.

The education system in California, especially Los Angeles, is highly regarded by professionals around the country. The professional training programs offered by California State University, Los Angeles, and San Francisco State University contribute to a great advantage in this state for visually impaired children and the public and private schools and agencies serving them. Unfortunately, participation in these programs is low, and the number of professionals falls far short of the demand in public schools and private agencies. The adult system draws little respect in its vocational rehabilitation efforts. Since the vocational rehabilitation system **is** the employment system for the visually impaired, and income maintenance and medical benefits are high, California is viewed as unbalanced in its effort to successfully put people to work. The result is that too often blind individuals remain at home and live on public assistance.

A 1971 report, prepared for Congress, identified nearly 20 years ago, appears to mirror the California system today. The overall finding of the Organization for Social and Technical Innovation, Inc. (OSTI), in its report, **Blindness and Services to the Blind in the United States**, was that "a serious mismatch (has developed) between the blindness system (government and private agencies) and the emerging population of the blind." The available services focus on children and the employable adult population with overly standardized and limited service modalities. The multiply handicapped child, unemployed adult, and the elderly were provided little assistance. Insufficient innovation or technology was directed to those most in need.

In addition, the OSTI observed that private agencies were isolated from related social service systems. Rather than empowering other systems to deal appropriately with the blindness and vision issues through technical assistance and training, blindness agencies created duplication by developing a parallel array of specialized services in that field.

The OSTI report added several other observations:

- Private agencies function as self-reinforcing closed systems (a dynamic conservatism).

- Tremendous manpower constraints exist.

- The blindness system is deficient (as a system) due to the lack of preventive services, case referral and case flow between components of the services.

With a vacuum of leadership and consensus, little energy has been exerted to move the service system to more effectively meet the changing needs of visually impaired persons. Advances in medical technology and changing emphasis in public policy change the environment in which social issues can be addressed. The fragmentation of the field is a situation which truly needs a formal meeting of the minds between professionals and consumers.

Networking and Advocacy for Public Policy

The need for networking and advocacy in the field of blindness and visual impairment is critical, and much work needs to be done. On the national level, such organizations as the National Federation of the Blind, the American Foundation for the Blind, the American Council of Private Agencies for the Blind, the National Council of State Agencies for the Blind, American Council of the Blind, and others need to join together around common areas of interest and develop mutually-agreed-upon agendas in order to better influence public policy. On the state level, the California Council for the Blind, the National Federation of the Blind, the California Agencies of the Blind and Visually Impaired, the Joint Action Committee, and others should set efforts to bring these divergent interests together for common purposes into motion. It is by means of successful efforts in networking in order to effect public policy changes that real possibilities exist for leaders in the field to shape policy which would have substantial impact for blind and visually impaired people. In Southern California, an example of the success of networking is the work the Pre-School Network has gained by bringing private agencies and public and private programs together around a myriad of pre-school program and program development issues.

Networking nationally, statewide, and locally should also include participation from relevant medical organizations.

Leadership

The matter of leadership is critical in the field of blindness in California. From conclusive research, and as a result of the process of this study, it is clear that state government is not interested in providing leadership to plan and develop future policies for persons who are blind and visually impaired. The fragmentation and often open basic distrust that consumers, organizations, and agency associations share mitigate against a coalition leadership. However, such leadership is essential if action is to be directed to initiate policy development, service needs, technological advances, and the growing challenges of blindness and visual impairments.

This need for leadership exists at the community level, as well as the state and national levels. In California, no local government agency carries responsibility for services to the blind. Once again, the agencies, consumers, and professionals need to come together at the call of a person/agency or coalition willing to lead. The American Foundation for the Blind has served as a facilitator nationally and has played a similar role in California. The organization has as a major purpose advocating, developing and providing programs and services to help blind and visually impaired people achieve independence in all ways possible.

Professional Development

The shortage of students and programs providing professional development is well documented by the Association of the Education and Rehabilitation of Blind and Visually Impaired. The debate around professional services and the use of para-professionals centers around the reliance on professional staff, especially teachers, where there is a great shortage. Some agencies have developed that approach because the shortage of trained staff is so great. . .they will train their own. Recruitment of students into specialized university programs is needed. The issues of professionalism touch a sore spot with consumers who have been excluded from certain professional opportunities, and a clear example is in the area of orientation and mobility. Without going into the argument, the fact that a deep disagreement exists by the exclusion of blind persons from this field must be overcome if orientation and mobility specialists are to work with consumers on policy issues.

Medical Care

Optometrists and ophthalmologists are licensed under the California Business and Professional Code. Extensive professional training empowers these men and women to assess vision, prescribe medicine and perform surgery. Although concerned exclusively with vision, two areas of deficit stand out.

1. Doctors may not be aware of the availability of low vision specialists and social services that address the living skills needs of patients with vision loss.

2. Doctors, often because of ignorance or the lack of sensitivity, fail to refer for low vision aids or social services.

Training in the field has not succeeded to integrate optometrists or ophthalmologists into a system, which includes other professionals in the social services. Also, state/national organizations very often do not recognize low vision as a specialty. The result is the development of informal lists of specialists that are not widely available.

General Social Services

Input from visually impaired respondents placed a definite priority on the lack of available support in the home and community, apart from education and employment. Periodic transportation or reading services would help to access services for the home, advocacy with businesses or community centers, or advocacy with parents at Individual Educational Plan meetings or government appeal hearings. Some of these services were available from county offices for the blind before the state deregulated and no longer required such offices or services.

The success of developmental disabilities system in California draws heavily upon the key role that case management/advocacy plays on behalf of individuals.

Infant/Family Intervention

The first draft of P.L. 94-142 (special education) included services to infants through age 21. The final law initiated "free and appropriate education" and "related services" at age 5. Since its

enactment, the 3 - 5 age group has been mandated service and, now, 0 - 2 year olds are discretionary, but may soon be included in this mandate. Legislation in California has picked up on this movement, and a task force is working on parameters for a state program for all disabilities.

Infant/family programs have been with us in Southern California for some time — initially, directly provided by the state. Eventually, as demand increased, a network for pre-school services was organized, resulting in the agreement by the Los Angeles schools, Foundation for the Junior Blind, and Braille Institute to provide home-based services, while the Blind Children's Center provided a center-based program. The County of Los Angeles is structured so that blind infants and their families can be addressed with optional models of service.

Education Programs

California has a positive reputation for its special education system, especially in the Los Angeles Unified School District (LAUSD). However, pressures to live within state caps on growth in special education, and elimination of class-size standards create a situation that provides disincentives to school administrators to provide for all of the special needs (daily living skills, early vocational education service, mobility, special equipment) of the visually handicapped student.

The California Department of Education is firmly committed, beginning with Superintendent Honig, to the generic approach to special education. Special equipment grants were eliminated, only to be re-established at the insistence of the Low Incidence Disability Advisory Group — but at a lower level for most districts.

Each school district must provide appropriate education and supportive services, but interpretation of needs vary greatly. Some districts do not understand low vision assessments, and referrals are not made for fear of costs involved. The shortage of trained VH teachers creates the need for regular in-service training of special education teachers. The Florida study by the American Foundation for the Blind demonstrated, and this consultant's interviews confirmed in California, that training and release time are in extremely short supply.

The California School for the Blind exists for those visually handicapped students who cannot be appropriately taught in their home districts. The California School for the Blind in Fremont and the Foundation for the Junior Blind in Los Angeles have the two primary residential schools in California.

Absolutely critical for the VH student are the weekend and summer programs that are provided by agencies for the blind. However, response clearly indicates that these programs must go beyond recreation. They must supplement the school programs, providing special skills and training often missed in public special education programs. Most respondents in the field of education stressed the need for private agencies to fill service gaps and step up efforts to provide those services that most schools cannot provide adequately.

Adult Assistance

Adult services are dominated by an income maintenance policy that guarantees legally blind individuals with a minimum SSI/SSP monthly payment of $627.00, plus medical and other

legislated benefits. In California, the federal supplemental security income (SSI) is supplemented by a state supplemental payment (SSP), funded out of general funds. In addition to one of the highest levels of payment in the nation, SSI/SSP recipients receive a no-share-of-cost Medi-Cal card and are eligible for various social and rehabilitative services. However, Food Stamps are not provided since the SSP benefit includes sufficient funds to replace the need for Food Stamps.

The federal government administers the combined grant through the Social Security Administration. California's Department of Social Services monitors the program and reimburses the federal government for the SSP share.

As with other public assistance programs, a complicated set of regulations allow for income to be earned without a 1:1 loss of assistance. A recent change in the regulations will encourage more income to be earned.

Other income aid for citizens who are blind include housing assistance, postal breaks, tax exemptions, and others.

Over 20,000 of the legally blind (40%) receive SSI-Blind. Others may receive assistance under SSI-Disabled, SSI-Elderly, or as part of an AFDC family.

The income maintenance system is an alternative to work. Unlike other disadvantaged groups (low income and minorities), the disabled population relies on the vocational rehabilitation system. The Job Training Partnership Act (JTPA), the federal administration's prize job placement system in collaboration with private industry, relies upon rehabilitation agencies to take care of the disabled. JTPA plans for the disabled, by law, but Department of Rehabilitation officials sit on the statewide and local private industry councils. The disabled are represented by district office administrators. Not one consultant interviewed held out any promise for JTPA to lead the field of blindness out of its current situation with unemployment.

Over 70% of individuals who are blind are not working. Employment models in Chicago, Arkansas, and Mississippi were identified. No one disputes these numbers, and all point to various gaps in the system. No one was able to identify where leadership would come to address the problem. Government is unwilling to take the steps necessary to initiate a solution. With professionals and visually impaired people disheartened about the high employment, the public assistance levels are welcome. One visually impaired respondent spoke about socialism for the blind and capitalism for everyone else. This position is understandable given the lack of effort being put into a meaningful restructuring of the employment system for the visually impaired.

Through attrition, the Department of Rehabilitation has eliminated the job development function from their responsibilities. The employment system must have salespersons to develop jobs and prepare employers. These jobs drive the recruitment of persons into specific training programs designed for the targeted jobs. The lack of jobs being developed works against the existing pre-vocational training programs. The State Department of Rehabilitation continues to express its interest in placing its clients in jobs, but the number of successful job placements is very low.

A solution to the high unemployment problem will take leadership and collaboration by many of the fragmented interests in the system. While the state should lead, another agency or organization or coalition must take on the role of convening the consumer organizations, various state agencies, private agencies, JTPA and other local community leaders. A comprehensive strategy would be to rewrite the entire system from a conceptual perspective, and proceed to identify agencies to play

out all the roles in the system that are needed. The American Foundation for the Blind could play a facilitative role, using its experience in other communities. In any final system, job identification and commitment by employers should drive the system and should not just be an afterthought to training programs. Other components that could be factored into a comprehensive plan would include:

- Entrepreneurial opportunities
- Supported employment

With a legitimate system providing meaningful job opportunities, consumer organizations could better accept the options of sheltered workshops for those who choose or require this option. Currently, consumer groups, in general, oppose workshops because they view them as exploitive, too often permanent placements, and rarely transitional training experiences prior to permanent job placement.

Senior Services

The issues in senior service for the visually impaired revolve around the growing numbers of frail elderly over 65 years of age. Without a vocational goal, state agencies and private agencies for the blind often ignore this group. The aging system is reluctant to deal with debilitating disabilities, focusing on maintaining the healthy elderly person with nutrition and center-based activities. There is clearly a lack of communication between the blindness and aging systems, and, in fact, there appears to be no system at all for those both aging and blind.

Finally, nursing home situations continue to expand in our society. No one knows how many residents placed in nursing homes are blind or visually impaired. While everyone accepts the concept that in-home services can keep aged citizens at home, vision services are not incorporated into the in-home service package. We have no hard numbers, but adaptive living skills clearly would save on the costs to families and to government, while maintaining lives of dignity at home and in the community.

Recreation

Recreational and Social Development activities were a top priority for services in the opinion of those blind or visually impaired individuals interviewed. Fun and leisure-time skills need to be developed for people of all ages and are of utmost priority for service.

For children, youth, young adults and the elderly, creative recreation and social development programs and the availability of self-help organizational meetings and activities continue to be a great need. Through this process of these programs, educational, self-improvement and self-help options, and employment opportunities and exposure could be developed.

The coming together for recreation and leisure activities could be well-used to accomplish a variety of important objectives. Program options' consideration for the above is a great need and a unanimously voiced concern by nearly all blind and visually impaired individuals interviewed.

Services to the growing minority populations

Based on the knowledge of minority population growth, particularly in the Hispanic and Asian areas, the ability to reach out and access these often non-English-speaking groups is important for future service delivery development. Population trend predictions support service efforts in these areas for the future as well.

LIST OF INTERVIEWS

Abuhav, Batya J., M.A., Evaluator/Instructor, Adult Services, Foundation for the Junior Blind

Acosta, Robert J., President, California Council for the Blind

Augusto, Carl R., M.A., Executive Director, Cincinnati Association for the Blind

Bardis, Lynda, Chief, Offices of Services to the Blind

Boyer, Charles (Burt), M.A., Superintendent, California School for the Blind, Fremont, California

Bruno, Gene, M.S., Program Administrator, California Department of Rehabilitation

Callison, Phillip T., Ph.D., Assistant Superintendent, Division of Special Education, L.A. Unified School District

Carballo, Joe F., M.S., Deputy Director, Vocational Rehabilitation Services for the Blind

Carr, Evelyn C., Consultant, Infant-Preschool, Special Education Department, California Department of Education

Chernus-Mansfield, Nancy, M.A., Executive Director, Blind Children's Center

Cole, Mike, Executive Director, Living Skills Center

Comini, Mike L., Executive Director, San Francisco Lighthouse for the Blind

Comparan, Yolanda M., M.S.W., Social Worker, Children's Services, Foundation for the Junior Blind

Corn, Ann, Ed.D., Associate Professor, Coordinator of Programs for Visually Handicapped, University of Texas

Edelstein, Skip, Vocational Counselor, Adult Services, Foundation for the Junior Blind

Efron, Joy R., Ed.D., Coordinating Principal, Program for Visually Handicapped, L.A. Unified School District, Frances Blend School

Eisenberg, Robert A., M.A., Program Director, Orientation and Mobility Program, California State University, Los Angeles

Esterle, James, Chairman, Program Policy Committee, Board of Directors, Foundation for the Junior Blind

Freedman, Saul, Ph.D., Director of National Consultants Department, American Foundation for the Blind

Fuller, Chaulmaine B., M.S., Director of Children's Services, Foundation for the Junior Blind

Genensky, Samuel M., Ph.D., Executive Director, Center for the Partially Sighted

Gerrey, William A., B.S., Rehabilitation Engineer, Smith Kettlewell Eye Research Foundation

Gil, Al, B.A., R.S.W., Rehabilitation Counselor, Orientation Center for the Blind

Gordon, Glen, Manager of Administrative Computing, UCLA, Anderson Graduate School of Management

Gordon, Robert L., O.D., F.A.A.O., Optometrist, Board of Trustees Optometric Association; Chairman, Low Vision Advisory Board to Retinitis Pigmentosa International; Staff at Cedars Sinai Medical Center; Past President of S. Chapter of Education and Rehabilitation of the Blind and Visually Impaired (AER)

Gradwohl, Dorie, L.C.S.W., Director, Valley Storefront, Jewish Family Services

Gruen, Marilyn, Teacher of the Visually Impaired, Vocational Education, Los Angeles Unified School District

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Hatlen, Phil, Ed.D., Executive Director, Blind Babies Foundation, Prof. of Special Education, San Francisco State University

Hazekamp, Jack, Special Education Consultant, California State Department of Education

Hubbard, Connie, M.S., Coordinator of Services for the Blind, Southern California, California Department of Rehabilitation

Huebner, Kathleen Mary, Ph.D., Director of National Services in Education, Low Vision, and Orientation and Mobility, American Foundation for the Blind

Jackson, Dennis H., General Manager, L.A. City Area Agency on Aging

Jacob, Merrill R., Chief Deputy Director, California Department of Rehabilitation

Kaplan, Norman, Founder, Executive Director Emeritus, Foundation for the Junior Blind

Kirbey, Russell W., Executive Director, Braille Institute of America

Lampert, Jessica, M.A., O.T.R., Coordinator, Infant-Family Program, Foundation for the Junior Blind

Lloyd, Judy H., M.A., Director of Special Projects, Foundation for the Junior Blind

Lucas, Mark A., B.S., C.T.R.S., Director of Recreation Services, Foundation for the Junior Blind

Millen, John, District Administrator, Van Nuys District, California Department of Rehabilitation

Miller, Gerald, M.S., Director, National Services in Rehabilitation and Employment, American Foundation for the Blind

Montgomery, Josephine, Community Resource Specialist, South Central Los Angeles Regional Center

Mundy, Gerald W., Ed.D., Executive Director, Clovernook Home and School for the Blind

Negrin, Sam, M.S.W., Associate Executive Director for Development, American Foundation for the Blind

Procel, Deborah, M.Ed., Infant-Family Teacher, Los Angeles Unified School District

Resnick, Rose, Ph.D., Executive Director, Rose Resnick Center for Visually Impaired

Ryan, Thomas, Executive Director, Sacramento Society for the Blind

Schwartz, Robert L., M.D., Pediatric Ophthalmologist

Shahzadi, Jacqueline B., Ph.D., President of Southern California Association for Education and Rehabilitation of the Blind (AER); Director of Student Training, Braille Institute

Signorelli, Victor A., Director of Special Schools, Los Angeles Unified School District

Sinclair, Fred, Director, California Department of Education, Clearinghouse Depository for Handicapped Students

Stotland, Judi, Founder, California Association of Parents of Visually Impaired Children (CAPVI); Ex-National Association of Parents of Visually Impaired Children (NAPVI) Board Member; Low Incidence Disability Advisory Committee (LIDAC)

Strong, Doris, M.A., Executive Director, Lion's Blind Center of Oakland

Swallow, Rose-Marie, Ed.D., Professor of Special Education, Coordinator of Teacher Preparation in Visual Disabilities, California State University at Los Angeles

Tarrant, Diane M., M.S.W., Social Worker, Adult Services, Foundation for the Junior Blind

Thamer, Leon, Assistant to the Executive Director, Braille Institute of America

Thompson, Steve, Rehabilitation Counselor for the Blind, California Department of Rehabilitation

Urena, Manual, Program Manager, Services for the Blind and Partially Sighted, California Department of Rehabilitation

Wacker, Charles H., Ph.D., Director of Adult Services, Foundation for the Junior Blind

Wilson, Melinda, Assistant Deputy Director, Field Operations Division, California Department of Rehabilitation, Los Angeles Region

Zambone, Alana M., Ph.D., National Consultant in Early Childhood, American Foundation for the Blind

Zeluck-Leeds, Joan, M.A., Rehabilitation Teacher, Adult Services, Foundation for the Junior Blind

Foundation for the Junior Blind

Planning for Future Service Needs Project

"SERVICE SYSTEM SURVEY"

RESPONDENT_____ COMMUNITY_____

ORGANIZATION AND ROLE_____

In order to assess the changing service needs requested by and on behalf of blind and partially sighted persons, perspectives are being solicited in the areas of demographics, service settings, education, rehabilitation, professionalism, private agency financing, civil rights, advocacy and networking. **These questions are designed to stimulate ideas and discussion and will be verbally answered in telephone or in-person interviews to be conducted by research staff of the Foundation for the Junior Blind.** The Foundation appreciates your candor and input.

Since the telephone and in-person interviews are limited to approximately one hour in length, please pre-select those sections/questions to which you want to respond and have input assured.

Your association with the findings and recommendations which result from this study will be maintained as confidential if you wish.

I. Demographics of Blindness and Partial Sight: Service agencies need to design programs around the changing needs and preferences of the blind and partially sighted clientele. Demographers project that the aged population, especially those persons over 85 years of age, will increase 4 times as fast as younger age groups. This age group has several hundred times the average rate of visual disability. On the other end of the age spectrum, retinopathy (ROP) in premature infants of low birthweight is creating a new population of blind, multiply handicapped children.

Valid and reliable statistics on visual impairment are difficult to survey and accurately measure due to coding and other data problems in the major service systems — special education and vocational rehabilitation.

1. What age populations will require new service commitments and a higher priority in program planning by private agencies serving the blind and partially sighted over the next 1 - 3 years in California?

2. What services need to be developed to address the needs of a growing number of blind persons with multiple disabilities?

3. How should private agencies redesign services for under-served ethnic groups (Hispanics, Asians, Native Americans)?

4. What impact on the special service needs of blind and partially sighted persons have you seen by the movement by California and national government agencies to mix persons with varied disabilities into generic programs?

5. Should resources be focused on costly surveys, registries, or lobbying for more accurate counting procedures by government agencies in order to assure more valid and reliable statistics on the numbers of blind and partially sighted persons?

6. What outreach efforts could be taken by private agencies to reach homebound and institutionalized blind and partially sighted persons who remain hidden, but could benefit, from services?

7. What issues do private agencies face with clients with AIDS?

II. Service Settings: The movement of blind and partially sighted clients to the least restrictive service setting (preference for service in the home and community rather than center-based or residential) is clearly supported by public policy and rehabilitation professionals.

8. What efforts should be undertaken to assist community social service and recreation agencies to provide appropriate reception and support to visually impaired community members?

9. Would it be helpful for private agencies to develop community group homes, foster homes or adult day care homes as intermediate settings short of independent living?

10. If residential programs, including the State School for the Blind, are retooled as students and adult clients live at home or in community settings, what are future roles for the use of large residential facilities?

III. Comprehensive Services: A comprehensive, community-based service system is one which offers access to a full range of settings and services so that client service plans can be developed based on individual need rather than on which services are available. The services should be designed to assist a client to move as quickly as possible toward independence in the community.

11. Is there a need for private agencies to greatly expand transportation services for the blind and partially sighted population in the community?

12. What barriers must be overcome to expand the use of low vision screening and clinical services and aids?

13. How can clients be provided sufficient involvement in their services planning and sufficient time to understand options and prepare prior to being scheduled into rehabilitation classes and activities?

14. What services should private agencies develop to assist adults who are determined by the vocational rehabilitation system to be unemployable?

IV. Education Issues: The local school districts and agencies serving the educational needs of blind and partially sighted children and youth provide special education and vocational services for students who are 0 - 21 years of age.

15. Is the educational system preparing for the influx of infants and youngsters with retinopathy and other multiple disabilities or should private agencies redirect their energies to provide educational programs as a supplement to the public school system?

16. How should schools and private agencies more actively involve parents, foster parents and other family members in all aspects of their children's program?

17. Who, in the student's educational career, should have the responsibility to develop the long term vocational plan for the multiply handicapped, visually impaired student?

V. Employment and Training Issues: Current state policy provides for training of visually impaired persons for entry level positions. Follow-up assistance and assistance with upward mobility is not a priority.

18. What priority should be placed upon training in high technology jobs which may involve expensive adaptive aids?

19. Should private agencies redirect resources to support the continued growth of blind and partially sighted persons in the workplace to fill the gap left by the state's policy of nonsupport for upward mobility?

20. Should private agencies aggressively develop jobs for the employment of their clients rather than relying on the Private Industry Councils and the JTPA (Job Training Partnership Act) system?

21. Is there a need for sheltered workshops as a temporary training strategy for the blind, non-developmentally disabled client? Can it be used for long term employment as well, at the worker's request?

VI. Professionalism Issues: An insufficient number of rehabilitation/special education professionals are trained in this country to provide the services offered in private agencies and schools serving blind and partially sighted persons. At the same time, some consumer groups are likely to contend that blind persons can best help the blind client.

22. How can universities and private agencies collaborate to recruit and train sufficient numbers of professional staff to work in the field?

23. Can special educators with no specific training in working with visual impairment, effectively serve visually handicapped children?

24. Should a class of paraprofessionals be trained to fill the gaps in the available professional resources?

VII. Private Agency Financing: Government contracts and client fees account for less than 20% of the budgets of private agencies serving the blind and partially sighted. This is the reverse of several other social service fields (child welfare, aging, mental health).

25. What benefits and costs would result from greater amounts of government financing or client fees in the private agency sector?

VIII. Civil Rights/Access to Community Life: Blind and partially sighted persons face barriers in education and employment as well as archetectual barriers and transportation limitations. The physical disability can be addressed by training, education and the use of travel aids and appliances designed to provide equal access to community life.

26. What responsibility do public officials and business leaders have toward making modifications of community institutions to permit access by blind and partially sighted citizens?

27. What issues remain with the insurance industry in their approach toward the visually impaired person?

28. What strategies would make aids and appliances affordable and sufficiently available to provide equal access to community life?

29. What efforts need to be taken to assure greater numbers of blind and partially sighted persons to occupy positions of authority and influence in their chosen fields?

IX. Advocacy/Networking: Most disability and other groups addressed by social service agencies coalesce to advocate for legislation, funding and negotiated service system roles. Clients, families, advocacy groups and service professionals usually share a common mission as well as shared values and service strategies.

30. Does leadership in the field of visual disability reside in government, consumers, service professionals or a coalition in California?

31. Do government officials, consumers and service professionals in this field share a common sense of mission, values and strategies?

32. Should private agencies place a priority on the responsibility to advocate for public policy affecting all blind and partially sighted persons in California?

33. Is the rehabilitation team (medical, social, education and rehabilitation) working cooperatively and respectfully as part of a comprehensive, coordinated network? How can cross-referrals be enhanced?

34. Are networking efforts among the rehabilitation, education, aging, child welfare, JTPA, developmental disabilities and other related systems **desirable** given varied approaches to the delivery of services and treatment of clients?

Did this survey miss any issue you may wish to address? Do you have any other comments on this project? Thank you.

THE CENTER FOR THE PARTIALLY SIGHTED

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ESTIMATES OF VARIOUS SUBSETS OF THE VISUALLY IMPAIRED POPULATION OF THE UNITED STATES - 1984

Age	Partially Sighted	Partially Sighted But Not Legally Blind	Legally Blind	Partially Sighted and Legally Blind	Functionally Blind
0-4	6,100	4,900	2,000	1,200	800
5-19	116,400	93,300	35,300	23,100	12,200
20-44	364,000	291,900	99,200	72,100	27,100
45-64	447,400	358,700	117,900	88,700	29,200
65-74	365,100	292,700	94,100	72,400	21,700
75-84	414,400	332,300	103,700	82,100	21,600
85+	398,000	319,100	98,400	78,900	19,500
TOTAL	**2,111,400**	**1,692,900**	**550,600**	**418,500**	**132,100**

The Legally Blind population consists of Partially Sighted people who are also Legally Blind, as well as Functionally Blind people.

The Partially Sighted population consists of Partially Sighted people who are not Legally Blind, as well as Partially Sighted people who are Legally Blind.

See the attached list of definitions of all the categories used in this table.

Prepared by Samuel M. Genensky, Ph.D.
Revised January 1986
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THE CENTER FOR THE PARTIALLY SIGHTED

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ESTIMATES OF VARIOUS SUBSETS OF THE VISUALLY IMPAIRED POPULATION OF CALIFORNIA - 1984

Age	Partially Sighted	Partially Sighted But Not Legally Blind	Legally Blind	Partially Sighted and Legally Blind	Functionally Blind
0-4	710	570	240	140	100
5-19	12,110	9,710	3,670	2,400	1,270
20-44	41,110	32,960	11,210	8,150	3,060
45-64	47,750	38,280	12,590	9,470	3,120
65-74	35.900	28,790	9,250	7,110	2,140
75-84	40,130	32,180	10,040	7,950	2,090
85+	37,140	29,780	9,180	7,360	1,820
TOTAL	**214,850**	**172,270**	**56,180**	**42,580**	**13,600**

The Legally Blind population consists of Partially Sighted people who are also Legally Blind, as well as Functionally Blind people.

The Partially Sighted population consists of Partially Sighted people who are not Legally Blind as well as Partially Sighted people who are Legally Blind.

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ESTIMATES OF VARIOUS SUBSETS OF THE VISUALLY IMPAIRED POPULATION OF THE COUNTY OF LOS ANGELES, CALIFORNIA - 1984

Age	Partially Sighted	Partially Sighted But Not Legally Blind	Legally Blind	Partially Sighted and Legally Blind	Functionally Blind
0-4	219	176	74	43	31
5-19	3,745	3,003	1,135	742	393
20-44	12,714	10,193	3,467	2,521	946
45-64	14,766	11,838	3,893	2,928	965
65-74	11,102	8,903	2,861	2,199	662
75-84	12,410	9,952	3,104	2,458	646
85+	11,485	9,209	2,839	2,276	563
TOTAL	**66,441**	**53,274**	**17,373**	**13,167**	**4,206**

The Legally Blind population consists of Partially Sighted people who are also Legally Blind, as well as Functionally Blind people.

The Partially Sighted population consists of Partially Sighted people who are not Legally Blind, as well as Partially Sighted people who are Legally Blind.

See the attached list of definitions of all the categories used in this table.

Prepared by Samuel M. Genensky, Ph.D.
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THE CENTER FOR THE PARTIALLY SIGHTED

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ESTIMATES OF VARIOUS SUBSETS OF THE VISUALLY IMPAIRED POPULATION OF THE CITY OF LOS ANGELES, CALIFORNIA - 1984

Age	Partially Sighted	Partially Sighted But Not Legally Blind	Legally Blind	Partially Sighted and Legally Blind	Functionally Blind
0-4	86	69	29	17	12
5-19	1,470	1,179	445	291	154
20-44	4,991	4,002	1,361	989	372
45-64	5,798	4,648	1,529	1,150	379
65-74	4,359	3,496	1,123	863	260
75-84	4,872	3,907	1,219	965	254
85+	4,510	3,616	1,115	894	221
TOTAL	**26,086**	**20,917**	**6,821**	**5,169**	**1,652**

The Legally Blind population consists of Partially Sighted people who are also Legally Blind, as well as Functionally Blind people.

The Partially Sighted population consists of Partially Sighted people who are not Legally Blind, as well as Partially Sighted people who are Legally Blind.

See the attached list of definitions of all the categories used in this table.

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The Foundation for the Junior Blind:

MISSION AND SERVICES

The Foundation for the Junior Blind was founded in 1953 as a social and recreational development program for blind and visually impaired children and youth. The programs of the Foundation have evolved over the years to address a variety of changing needs and today the Foundation provides eight programs that serve children and adults. The main center is located on seven acres in the Windsor Hills area of Los Angeles. At that location are the education, recreational, residential living, workshop and adjustment training facilities. The Foundation's administrative offices are on this site also. The summer camp is located on forty acres in the Malibu mountains.

The basic mission of the Foundation for the Junior Blind is to promote the welfare, well-being and adjustment of the blind, visually impaired, and the multihandicapped blind and visually impaired. Services are designed to assist each student in attaining his or her highest potential and degree of independence emotionally, educationally, vocationally, socially and academically.

The basic programs and services provided by the Foundation are as follows:

Infant-Family Program - A home-based intervention program for multihandicapped, visually impaired infants and children ages birth through five and their families. A center-based Pre-school Toddler program is offered for children ages three to five.

Special Education Program - Composed of a comprehensive state certified Special Day School and Children's Residential Living Center, the Special Education Program services multihandicapped blind or visually impaired children and youths between the ages of five and twenty-one. Provided is the development of critical life skills in the areas of communication, environment orientation and mobility, financial academics, independent living, socialization, recreation and pre-vocational education.

Camp and Recreation Services - A unique Summer Camp Program, located at Camp Bloomfield in the mountains of Malibu, California, serves blind, visually impaired and deaf children and youths. The primary goal of the Camp Program is to provide a special camp experience to enhance recreation, socialization and independent living skills.

A weekend Day Camp Program during the school year and a Summer Day Camp Program offer a variety of specialized activities throughout the year, provide social and recreation services to blind, deaf and multihandicapped blind children and youths from the Los Angeles area. These youths take special field trips.

Vocational Independence Program - For blind and visually impaired adults. Full services provided for a five-day a week adult residential living program with individualized instruction in vocational and home management skills, including braille, typing, mobility, cooking, grooming, clothing care, money management, shopping and recreation. Provides vocational evaluation and guidance for competitive employment and independent living.

Adult Residential Living Program - These community-based group homes provide residential living services geared toward development of self-sufficiency and independence for blind or visually impaired men and women.

Workshop Services Program - Industrial work experience for blind adults with multiple disabilities. Counseling, training and financial incentive to perform at their maximum level doing subcontract work from private industry are provided.

Library Services - Serves all ages of blind and visually impaired individuals. Resources available to students in all programs of the Foundation and in the community. Books and periodicals in braille, large print, talking book discs, cassettes and a large selection of both histories and current materials.

The Sensory/Communications Center - Serves as both a demonstration and training center and offers the latest in technology and useful sensory aids such as, computerized braille, speech and large print output computer devices, reading machine, tactile print converters and a host of other sensory aids and communications equipment.

During the past two years, the Foundation has made concentrated efforts to reach out to the community, develop collaborative programs with the public schools and private agencies. Its staff participates in a variety of professionally related activities for both educational purposes and purposes relating to helping to better address the needs of blind and visually impaired people in general. Presently, staff members provide leadership in a number of ways which is of great importance in light of a number of the findings in this report. The Foundation's efforts to build partnerships in service delivery and assume a broadening role and responsibility for public education and advocacy set forth sound directions for the future. Examples are its joint projects with California State University, the Los Angeles Public Schools, efforts at networking with other agencies, and its effort to take responsibility on a state and national level in order to better address needs. The International Symposium co-sponsored by the Foundation for the Junior Blind and the American Foundation for the Blind to be held in February of 1988 and its leadership role in such organizations as the California Agencies for the Blind and Visually Impaired are other activities and examples of these directions.

OTHER RECENT STUDIES

Other needs assessments have been undertaken in the last decade. The American Foundation for the Blind has facilitated a number of projects, including those in Arizona and Florida. Several efforts have defined service needs and priorities within the California education system for visually handicapped students. However, the great variance between child and adult service capacity within California has precluded a wholistic look at the total system.

The Arizona Statewide Needs Assessment Project and the **A.F.B. Study of Supportive Services to Visually Impaired Students in the State of Florida** provide differing attempts to identify needs in order to enhance and modify the services system. The Arizona study focuses on education and was commissioned by the State Department of Education. California has its educational research, program guidelines, position papers, etc. What California lacks is the consortium of consumers, agencies, and professionals working together for planned improvement in the adult field.

The Arizona study involves four state government agencies, the Arizona Council of the Blind, the National Federation of the Blind in Arizona, and six private agencies, along with the American Foundation for the Blind providing funding and professional assistance. The major findings led to the following recommendations:

1. Increase public awareness, enhance the image of visually impaired individuals, and expedite the delivery of services.

The Department's report identifies issues with incarcerated individuals, migrants, transition to adulthood, state level coordination, bilingual-bicultural staff, and expansion of infant/family programs.

The Florida report recommended to the Legislature that:

1. The state review special education eligibility criteria to assure that service options are in place.

2. The state provide leadership to assure clarity and consistency for all program categories.

3. The state develop and disseminate materials and guidelines to aid local districts in the identification and assessment of their handicapped infant population.

4. The state integrate the needs of language minority students.

5. The state develop pilot projects to provide guidelines and inservice training to emphasize exit processes as part of the IEP.

Finally, an informative document was produced by the California Department of Education in 1985. The **Program Guidelines for Visually Impaired Individuals** addresses identification of vision loss, low vision services, assessment, planning for services, organizing and supporting instruction and services. It provides a comprehensive overview of the educational needs of visually impaired students.

A 1983 study by Dr. Alan D. Sadousky, a community consultant with the American Foundation for the Blind, found that:

1. The visually impaired population in the developmental disabilities system is disproportionately profoundly mentally retarded.

2. One-third of the population of VI/DD resides in state hospitals; one-third resides in skilled nursing facilities and community-care facilities; and one-third resides in the parental home.

3. Many of the VI/DD clients have further disabilities, making them the most disabled of all populations.

SERVICES MATRIX

SERVICES TO THE GENERAL POPULATION

CALIFORNIA AGENCIES	Networking Advocacy	Resource Development	Professional Development	Public Education	Medical Care	General Social Services
Statewide Availability						
Agency 1						
Agency 2						
Region I						
County 'A'						
Agency 3						
County 'B'						
Agency 4						
Agency 5						
Region II						
County 'C'						
Agency 6						
Agency 7						
Agency 8						
County 'D'						
Agency 9						

SERVICES TO INDIVIDUALS

CALIFORNIA AGENCIES	Infant/Family	School/Education	Adult Assistance	Senior Services
Statewide Availability				
Agency 1				
Agency 2				
Region I				
County 'A'				
Agency 3				
County 'B'				
Agency 4				
Agency 5				
Region II				
County 'C'				
Agency 6				
Agency 7				
Agency 8				
County 'D'				
Agency 9				

The consultant provides on the following pages a listing, nearly complete of the California agencies, organizations, and schools providing elements of the service range. Following this list, compiled from directories published by the Foundation, American Foundation for the Blind, and the California Department of Education, the consultant presents his version of the services range. A short discussion of each area of service was presented on pages 22-25 and should provide a handy backdrop to the observations from the field and findings and recommendations of this report.

CALIFORNIA AGENCIES

Statewide Availability

California Department of Rehabilitation
California Department of Education
Regional Centers
National RP Foundation
National Council of Private Agencies for the Blind
State Board of Guide Dogs for the Blind
Joint Action Committee of Organizations Of and Serving the Visually Handicapped
Association for the Education and Rehabilitation of the Blind and Visually Impaired
- Northern
- Southern

California Association of Orientation and Mobility Specialists
- Northern
- Southern

California Association for Parents of the Visually Impaired
National Association for Visual Handicaps
California Council of the Blind
California Transcribers and Educators of the Visually Handicapped
Helen Keller Center for the Blind
American Foundation for the Blind
American Association of Workers for the Blind, Inc.
Infant Preschool Special Education Resource Network
Low Incidence Disability Advisory Committee
California Association of Ophthalmology (CAO)
California Optometric Association
California Department of Social Services
California Children's Service

Far Northern California

Del Norte
Del Norte Unified School District

Humboldt
Humboldt County Office of Education

Siskiyou
Siskiyou County Superintendent of Schools

Statewide Availability (continued)

Modoc
ISOT School Inc.

Trinity
None

Shasta
Shasta County Schools

Lassen
None

Tehama
None

Glenn
None

Mendocino
None

Lake
None

Colusa
Gateway Projects
Blind Babies Foundation - Modesto
Lions Club

Sutter
Sutter County Office of Education

Plumas
None

Yuba
Yuba County Office of Education

Butte
Butte County Office of Education
KCHO - FM Radio

Eastern California Region

Yolo
Yolo County Office of Education
Summer House
Sheltered Workshop
Paul Center

Sierra
None

Statewide Availability (continued)

Nevada and Placer
Sierra College

Amador
None

Calaveras
None

Sacramento
Sacramento Unified School District
Sacramento County Office of Education
Grant Joint Unified High School District
Rio Linda Unified School District
Sacramento Society for the Blind
Region 6 - Services to Deaf-Blind Children
San Juan Unified School District
California State Library

El Dorado
Lake Tahoe Unified School District

Alpine
None

Tuolumne
None

Inyo
None

Mono
Mono County Office of Education
Eastern Sierra Unified School District
Mammoth Unified School District

Fresno
Fresno County Office of Education
Fresno City College Enabler Program
Friendship Center for the Blind
Barbara Rubin
Blind/Handicapped Library
Blindness Information & Referral Service
Lions Eye Bank of San Joaquin
Violet Liskey
NFB of Fresno
Retinitis Pigmentosa Foundation Fighting Blindness
V.A. Medical Center
Fresno Unified School District
Hamm's School

Statewide Availability (continued)

Bay Area Region

Sonoma
Walter Crandell White Canes

Napa
None

Solano
Fairfield-Suison Unified School District
Area IV D.D. Board
Vallejo City Unified School District
Volunteers of Vacaville

Contra Costa
Contra Costa County Office of Education
San Ramon Valley Unified School District
Spectrum Center
Diablo Valley Community College
Los Medano Community College
Mt. Diablo Unified School District
Mt. Diablo Rehabilitation Center
Richmond Unified School District
Contra Costa College
Living Skills Center for the Visually Handicapped
Orientation Center for the Blind (Dept. of Rehab.)
Lions Center of Diablo Valley, Inc.

Marin
Marin County Office of Education
Novato Unified School District
Transcribers Mariners

Alameda
Exceptional Teaching Aids
Castro Valley Unified School District
California School for the Blind
Alameda Unified School District
Berkeley Unified School District
Bay Area Outreach Recreation Program
San Francisco Bay Girl Scouts
Asian Health Services
Peralta College
Walpert Work Activity & Early Childhood Center
East Bay Center for the Blind
Center for Education of the Infant Deaf
St. Benedict's Elementary School District

Statewide Availability (continued)

Alameda (continued)
Variety Club Blind Babies Foundation
Oakland Unified School District
Infant/Toddler Visually Handicapped Program
Livermore Unified School District
Freemont Unified School District
Newark Unified School District
Lions Blind Center

San Joaquin
San Joaquin County Office of Education
Stockton Unified School District
Community Blind Center

San Mateo
Peninsula Center for the Blind
Recording for the Blind
Sensory Aids Foundation
Western Blind Rehabilitation Center
V.A. Medical Center
Telesensory Systems Inc.

Stanislaus
Modesto Elementary School District
Modesto Unified School District
Stanislaus County Office of Education
Stanislaus Special Education

Santa Clara
San Jose Unified School District
Visualtek, Inc.

Madera and **Mariposa**
Madera County Office of Education
Heartland Opportunity Center
Easter Seal Society
Madera County Action Committee Project - Independence for Blind & Visually Impaired

Merced
Merced County Office of Education

San Francisco
San Francisco Unified School District
AFUSD Central Assessment & Pediatric Assessment Units
Easter Seal
San Francisco Lighthouse for the Blind & Visually Impaired
Broadcast Services for the Blind
Rose Resnick Center for the Blind and Visually Handicapped

Statewide Availability (continued)

San Francisco (continued)
Variety Club Blind Babies Foundation
National California Society to Prevent Blindness
Project Insight, Inc.
Smith-Kettlewell Institute Rehabilitation Engineering Center
Transilwrap West Corp.

Midwestern California Region

Monterey
Monterey County Office of Education

Santa Cruz and **San Benito**
Santa Cruz County Office of Education
Cabrillo College
Doran Resource Center for the Blind

San Luis Obispo
County Superintendent of Schools
Cal Poly Disabled Student Service Office
Cuesta College Handicapped Student Services
Easter Seal Society

Santa Barbara
Santa Barbara County Office of Education
Lompoc Unified School District
Santa Barbara Elementary School District
Santa Maria Elementary School District
Santa Barbara Community College
Alan Hancock Joint Community College
Independent Living Resource Center
Braille Institute

Kings
Kings County Office of Education

Kern
Bakersfield City Education School District
Kern County Braille Center
Kern County Superintendent of Schools
Sierra Sands Unified School District
Kern Unified High School District
Gamma Xi Sorority/Delta Theta Tau

Tulare
Tulare County Office of Education

Statewide Availability (continued)

Los Angeles Area Region

Ventura

Ventura County Library Services Agency
Los Angeles Superintendent of Schools
Conejo Valley Unified School District
Hueneme Elementary School District
Oxnard Unified High School District
Simi Valley Unified School District
Ventura Unified School District
Theosophical Book Association for the Blind

Orange

Garden Grove Unified School District
Anaheim Elementary School District
Anaheim High School District
Centralia Elementary School District
Irvine Unified School District
Orange County Department of Education
Fullerton Elementary School District
Fullerton Joint Unified High School District
La Habra City Elementary School District
Placentia Unified School District
Orange Unified School District
Santa Ana Unified School District
Capistrano Unified School District
Fountain Valley Elementary School District
Huntington Beach City Elementary School District
Ocean View Elementary School District
Westminster Elementary School District
West Orange County Consortium
Blind Children's Learning Center
Braille Institute - Anaheim
RP Foundation Fighting Blindness - Fullerton
Services for the Blind
Society to Prevent Blindness
Transcribers of Orange County
Golden West Community Center
Blind Veterans Group of Long Beach V.A. Medical Center

Los Angeles

Los Angeles County Office of Education
Downey Unified School District
Azusa Unified School District
Glendale Unified School District

Statewide Availability (continued)

Los Angeles (continued)

Long Beach Unified School District
Los Angeles Unified High School District
Compton Unified School District
ABC Unified School District
Norwalk-La Mirada Unified School District
Pasadena Unified School District
Rowland Unified School District
Tri-City Special Education LPA
Arcadia Unified School District
Temple City Unified School District
South Whittier Elementary School District
Whittier Unified High School District
Los Angeles Unified School District Occupational Centers
Easter Seal Society for Crippled Children
Clearinghouse Depository for Handicapped Students (Dept. of Ed.)
John Tracy Clinic
Braille Institute
Foundation for the Junior Blind
Recording for the Blind
Center for the Partially Sighted
Los Angeles City Council Committee for Handicapped
Orthopaedic Hospital
Casa Colina
Valley Vocational Center
Akai Swim School and Gymnastics
Ayres Clinic
Harbor-UCLA Medical Center
Manhattan Beach Recreation Program
Dr. Walter Fierson
Dr. Samuel B. Goodson
Los Angeles Otosurgical Group
Otologic Medical Group
Blind Children's Center
Eye Dog Foundation for the Blind
Therapeutic Living Centers for the Blind
Southern California College of Optometry
International Guiding Eyes, Inc.
Center for Living Independence for Multiply Handicapped Blind (CLIMB)
West Valley Counseling Center of the United Way
Apollo Lasers, Inc.
Recorded Psychological Journal
Pelco Sales
St. Mary Low Vision Center

Statewide Availability (continued)

Los Angeles (continued)
V.A. - Los Angeles
Active Blind, Inc.
ADEPT - Assisting Disabled with Employment, Placement & Training
Jewish Blind of California
Library Reproduction Service
Pastoral Ministry with Handicapped People - Catholic Guild for the Blind
Sensory Perception, Inc.
Christian Record Braille Foundation
Sophia Myers Center for Visually Handicapped Adults of the Valley
Serra Foundation for the Blind
South Pasadena Christian Fellowship for the Blind
American Theroform Corp.
John Milton Manor
Visualtek, Inc.
American Brotherhood for the Blind
Intercommunity Blind Center of Whittier
Yolo Visual Services (Sacramento Society for the Blind)

Southeast California Region

San Bernardino
San Bernardino County Schools Office
Fontana
San Bernardino City Unified School District
Chino Unified School District
Ontario - Montclair Education School District
San Bernardino Valley Lighthouse for the Blind

Riverside
Corona-Norco Unified School District
Riverside County Superintendent of Schools
Braille Institute
Riverside Unified School District
Guide Dog of the Desert
Desert Blind Association
Torch Aids
Visual Aid Accessories Supply
Riverside Braille Club

Imperial
Imperial Office of Education
Imperial Valley Blind Center

Statewide Availability (continued)

San Diego Region

San Diego

Grossmont Unified High School District
Santee Education School District
Easter Seal Society
Lions Club of San Diego
Oceanside Unified School District
San Diequito Unified High School District
Vista Unified School District
Escondido Unified High School District
Ramona Unified High School District
San Diego County Superintendent of Schools
Poway Unified School District
Chula Vista Education School District
Sweetwater Unified High School District
San Diego Service Center for the Blind
Southwestern Community College
San Diego Unified School District
San Diego Radio Information Service (San Diego State University)

AREAS OF SERVICE TO PERSONS WHO ARE BLIND AND PARTIALLY SIGHTED

SERVICES TO THE GENERAL POPULATION

I. Networking and Advocacy for Public Policy

1. Policy Discussion and Action
   - National
   - State
   - Community
2. Leadership
   - Government Advocacy
   - Network Facilitation

II. Resource Development

1. Resource Directory
2. Resource Analysis
3. Resource Recruitment

III. Professional Development - Recruitment

1. Professional College Programs
   - Teachers of the Visually Handicapped
   - Orientation and Mobility Specialists
   - Rehabilitation Teachers
   - Social Workers
   - Special Education Teachers
   - Occupational Therapists
   - Physical Therapists
2. In-Service Training
   - Conferences
   - Workshops
   - Consultation
3. On-the-Job Training
   - Internships
   - Staff Promotion

IV. Public Education

1. Public Information
   - Media Relations
   - Public Service Announcements
   - Radio and Television Broadcasting
2. Sector Education
   - Speaker's Bureau
   - Newsletter
   - Training of other Professionals
     - — Community Centers
     - — Nursing Homes
     - — Senior Centers
     - — Medical Community
     - — Recreation Sites
     - — Other community entities
3. Library Services

V. Medical Care

1. Health Maintenance
2. Optometry and Ophthalmology
   - Assessments
   - Prescription of Lens
   - Medication
   - Surgery

3. Optics Development
4. Low Vision Services
   - Assessment of Residual Vision
   - Prescription of Aids/Devices
   - Training on Aids/Devices

VI. General Social Services

1. Hotline
2. Telephone Reassurance
3. Drop-in Center
4. Outreach
5. Friendly Visits
6. Client-Requested Home/Community Assistance
7. Social Assessments
8. Case Planning
9. Information and Referral
10. Case Management
11. Transportation
12. Respite Care
13. Case Advocacy

SERVICES TO INDIVIDUALS (AGE RELATED)

I. Infant/Family Intervention

1. Delivery Options
   - Home-based
   - Center-based
2. Family Support
   - Family Acceptance/Attitude
   - Child Support Skills for Family Members
   - Parent Responsibility
   - Family Groups
3. Infant Stimulation
4. Sensory/Motor Development
5. Communication Skills
6. Cognitive Development

7. Daily Living Skills
8. Social/Emotional Development
9. Preparation for School

II. School/Education

1. Program Options
   - Regular Classroom
   - Itinerant Teachers
   - Resource Room
   - Self Contained Classroom
   - Special School
2. Auspices
   - Public School
   - Non-Public School
   - California School for the Blind
   - State Hospital School
3. Materials and Equipment Provisions (Clearinghouse, APH)
4. Cognitive Development
5. Communication Skills
6. Social/Emotional Skills
7. Sensory/Motor Skills
8. Daily Living Skills
9. Academic Skills
10. Orientation and Mobility Skills
11. Pre-Vocational Skills
12. Library Service
13. Residential Care

III. Adult Assistance

1. Income Assistance
   - Supplemental Security Income (SSI-Blind or SSDI)
   - Food Stamps
   - Medical Assistance
   - Housing Grants
   - Other Allowances
2. Fraternal Groups

3. Rehabilitation
    - Work Assessment
    - Work Adjustment
    - Career Counseling
    - Work Skills Training
4. Employment
    - Job Resource Development
    - Job Development
    - Job Placement
    - Competitive Work
    - Entrepreneurial Business
    - Equipment Grants
    - Supported Employment
    - On the Job Training
    - Sheltered Work
    - Work Activities Center
5. Residential Care

IV. Senior Services

- Vision Assessments
- Low Vision Services
- Counseling/Adjustment
- Daily Living Skills
- Orientation and Mobility
- Recreation and Leisure

SERVICES TO INDIVIDUALS - ELEMENTS OF SKILL AREAS

I. Sensory/Motor Development

1. Posture
2. Flexibility
3. Balance

II. Communications Skills

1. Transcription
2. Technological Aids
    - Speech Output Aids/Devices
    - Large Print Aids/Devices
    - Tactual Aids/Devices
3. Training in the Use of Aids/Devices
4. Reader Services

III. Cognitive Development

IV. Daily Living Skills

1. Personal Care
   - Eating
   - Dressing
   - Grooming
   - Health Maintenance
2. Orientation and Mobility
   - Guide Dog Training
   - Electronic Travel Aids/Devices Training
   - White Cane Training
   - Setting Awareness
   - Motor Skills Training
   - Community Orientation
3. Socialization Skills
4. Home Economics/Management
   - Dietary Skills
   - Shopping
   - Home Cleaning and Maintenance
5. Independent Living Skills
6. Group Living Skills
7. Use of Aids/Appliances Training

V. Social/Emotional Development

1. Socialization
2. Self-Concept
3. Self-Esteem
4. Psychological Acceptance/Adjustment
5. Play Skills
6. Sexual Identity

VI. Pre-Vocational Skills

1. Career Awareness
2. Career Exploration
3. Career Preparation
4. Work Participation

VII. Residential Care

1. Foster Care/Personal Homes
2. Group Homes
3. Dormitory Living
4. Pre-Independence Apartment Living

VIII. Recreation and Leisure

1. Socials
2. Dance
3. Games and Toys
4. Physical Education
5. Arts and Crafts
6. Aquatics
7. Camping
8. Use of Community Resources
9. Use of Leisure Time

AGENCY MAINTENANCE

1. Mission
2. Philosophy
3. Strategic Planning
4. Policy Development
5. Marketing
6. Funds Development
7. Building Use and Maintenance
8. Personnel
9. Accounting
10. Volunteer Recruitment/Development

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